

Case Number:	CM14-0027268		
Date Assigned:	06/13/2014	Date of Injury:	04/06/2009
Decision Date:	07/16/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/03/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Nevada. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 49-year-old female who was reportedly injured on April 6, 2009. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated May 28, 2014 indicates there are ongoing complaints of low back pain. Current medications were stated to include Hydrocodone, Omeprazole, and Cyclobenzaprine. The injured employee stated that she feels worse than she did before surgery on May 30, 2013. The surgery was for a microlumbar decompression of the right L5 and S1 levels. No focused physical examination was performed. The treatment plan recommended continued home exercise. A previous examination dated December 20, 2013, noted the injured employee complained of persistent symptoms in the back and bilateral lower extremities. The physical examination on this date noted decreased sensation at the left L4, L5, and S1 dermatomes as well as decreased muscle strength in the left lower extremity. Requests had been made for nerve conduction studies of the lower extremities, follow up with a pain management specialist, and acupuncture and were not certified in the pre-authorization process on February 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

ELECTROMYOGRAM (EMG) OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), EMGs, Updated June 10, 2014.

Decision rationale: According to the Official Disability Guidelines electromyogram (EMG) studies of the lower extremities are not necessary if ridiculous thing is already clinically obvious. The injured employee had a physical examination on December 20, 2013, where the injured employee complained of radicular symptoms which were corroborated by physical examination. Therefore there is no need to pursue EMG studies of the lower extremities. This request for electromyogram (EMG) studies of the lower extremities is not medically necessary.

NERVE CONDUCTION STUDY (NCS) OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies, Updated June 10, 2014.

Decision rationale: According to the Official Disability Guidelines are conduction studies are not recommended. It is stated that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The physical examination on December 20, 2013, indicates that the injured employee complained of radicular symptoms which were corroborated on physical examination. This request for nerve conduction studies of the lower extremities is not medically necessary.

FOLLOW UP EVALUATION WITH A PAIN MANAGEMENT SPECIALIST (LUMBAR): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM practice guidelines, second edition, Chapter 7, independent medical examinations and consultations, page 127.

Decision rationale: The attached medical record indicates that there was a previous certification for a pain management consultation on January 22, 2014. It is unclear at this visit was accomplished or not or what the results of this visit were. Such information should be provided prior to requesting an additional consultation for pain management. This request for an additional evaluation with pain management is not medically necessary.

ACUPUNCTURE SESSIONS FOR THE LUMBAR SPINE, 1 TIME PER WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the medical record provided the injured employee had previously participated in acupuncture. Although benefit was dated from this procedure it did not detail objective functional improvement. Additionally the California Acupuncture Medical Treatment Guidelines specifically state that acupuncture treatments are to be used when oral pain medications are reduced or not tolerated, or as an adjunct to physical rehabilitation. There is no information supplied regarding oral pain medications being reduced or not tolerated or what additional rehabilitation the injured employees participating in relative to acupuncture. For these reasons this request for acupuncture is not medically necessary.