

Case Number:	CM14-0028648		
Date Assigned:	06/20/2014	Date of Injury:	06/19/2011
Decision Date:	07/17/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/06/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 33-year-old male who reported an injury on 06/19/2011. The mechanism of injury was not specifically stated. Current diagnoses include lumbosacral spondylosis without myelopathy and degeneration of lumbar or lumbosacral intervertebral disc. The injured worker was evaluated on 12/20/2013. The injured worker was status post CT myelogram of the lumbar spine. Physical examination was not provided on that date. Treatment recommendations included a bilateral lower extremity EMG and NCS, selective nerve root blocks at L4-5 and L5-S1, and a provocative discogram at L3 through L5. It is noted that the injured worker underwent a CT myelogram of the lumbar spine on 12/19/2013, which indicated a satisfactory appearance of an artificial displacement at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. Official Disability Guidelines state nerve conduction studies are not recommended for low back conditions. Electromyography is recommended as an option after 1 month of conservative therapy. There was no physical examination provided on the requesting date. Therefore, there is no objective evidence of a significant musculoskeletal or neurological deficit. There was also no mention of an attempt at conservative treatment. Based on the clinical information received, the request is not medically necessary.

NCV BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. Official Disability Guidelines state nerve conduction studies are not recommended for low back conditions. Electromyography is recommended as an option after 1 month of conservative therapy. There was no physical examination provided on the requesting date. Therefore, there is no objective evidence of a significant musculoskeletal or neurological deficit. There was also no mention of an attempt at conservative treatment. Based on the clinical information received, the request is not medically necessary.

BILATERAL SELECTIVE NERVE ROOT BLOCKS L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 46 Page(s): 46.

Decision rationale: California MTUS Guidelines state epidural steroid injections are recommended for treatment of radiculopathy with use in conjunction with other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Patients should also improve initially unresponsive to conservative treatment. There was no physical examination provided on the requesting date. Therefore, there is no objective evidence of radiculopathy. There is also no evidence of radiculopathy upon imaging study. There was no mention of an attempt at conservative treatment to include exercises, physical methods, NSAIDS, and muscle relaxants. Therefore, the current request cannot be determined as medically appropriate. As such, the request is not medically necessary.

PROVOCATIVE DISCOGRAM AT L3-L4 AND L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: California MTUS/ACOEM Practice Guidelines state recent studies on discography do not support its use as a preoperative indication. It should be reserved only for patients with back pain of at least 3 months in duration, a failure of conservative treatment, satisfactory results from a detailed psychosocial assessment, patients who are a candidate for surgery. The injured worker does not meet any of the above-mentioned criteria. There was no physical examination provided on the requesting date. There is no mention of a failure of conservative treatment. There is no indication that this injured worker is currently a candidate for surgery. There was no evidence of a detailed psychosocial assessment. Based on the clinical information received and the California MTUS/ACOEM Practice Guidelines, the request is not medically necessary.

BILATERAL SELECTIVE NERVE ROOT BLOCKS L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 46 Page(s): 46.

Decision rationale: California MTUS Guidelines state epidural steroid injections are recommended for treatment of radiculopathy with use in conjunction with other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Patients should also improve initially unresponsive to conservative treatment. There was no physical examination provided on the requesting date. Therefore, there is no objective evidence of radiculopathy. There is also no evidence of radiculopathy upon imaging study. There was no mention of an attempt at conservative treatment to include exercises, physical methods, NSAIDS, and muscle relaxants. Therefore, the current request cannot be determined as medically appropriate. As such, the request is not medically necessary.