

Case Number:	CM14-0033564		
Date Assigned:	06/20/2014	Date of Injury:	03/09/1995
Decision Date:	08/14/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/17/2014

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, and has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 57-year-old female who reported an injury on 03/09/1995. The mechanism of injury was not stated. The current diagnoses include status post revision of lumbar fusion, history of previous lumbosacral fusion, lumbar discogenic disease, chronic low back pain, bilateral knee degenerative joint disease, bilateral knee internal derangement, history of multiple abdominal surgeries with residual, and worsening depression. The injured worker was evaluated on 09/17/2013 with complaints of chronic, severe, intractable low back and abdominal pain rated 8/10 with medication. Physical examination revealed tenderness to palpation over the lumbar midline incision and facet joints bilaterally, severely restricted lumbar range of motion, moderate to severe lumbar paraspinal muscle spasm, and tenderness to palpation of bilateral knees with patellofemoral crepitation. Treatment recommendations included an intramuscular injection of Toradol 60 mg, an internal medicine and psychiatric consultation, continuation of the current medication regimen, and an EMG/NCV of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) for the bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state electromyography may be useful to identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. Official Disability Guidelines state electromyography may be useful to obtain unequivocal evidence of radiculopathy, after 1 month of conservative therapy. Nerve conduction studies are not recommended. As per the documentation submitted, the injured worker's physical examination only revealed limited range of motion, spasm and tenderness. There was no documentation of a significant neurological deficit with regard to the bilateral lower extremities. The medical necessity for the requested electrodiagnostic study has not been established. Therefore, the request is non-certified.

Nerve conduction velocity studies (NCV) of the bilateral lower extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Electrodiagnostic Studies.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state electromyography may be useful to identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. Official Disability Guidelines state electromyography may be useful to obtain unequivocal evidence of radiculopathy, after 1 month of conservative therapy. Nerve conduction studies are not recommended. As per the documentation submitted, the injured worker's physical examination only revealed limited range of motion, spasm and tenderness. There was no documentation of a significant neurological deficit with regard to the bilateral lower extremities. The medical necessity for the requested electrodiagnostic study has not been established. Therefore, the request is non-certified.

Toradol 60mg IM (12/17/13): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state NSAIDS are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDS are recommended as a second line option after acetaminophen. Toradol is not indicated for minor or chronic painful conditions. Therefore, the

current request cannot be determined as medically appropriate. As such, the request is non-certified.