MAXIMUS Federal Services

Case Number:	CM14-0039255		
Date Assigned:	06/27/2014	Date of Injury:	12/20/2011
Decision Date:	08/29/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/03/2014

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 Occupational 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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 20, 2011.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; earlier lumbar spine surgery; and a cane.In a Utilization Review Report dated March 20, 2014, the claims administrator denied a request for lumbar MRI imaging and also denied a request for electrodiagnostic testing of the bilateral lower extremities. Twelve sessions of chiropractic manipulative therapy were also denied.The applicant's attorney subsequently appealed.In a case management note of February 7, 2014, the applicant's field case manager noted that the applicant was off of work, on total temporary disability, status post earlier failed lumbar laminectomy of August 22, 2013.On February 5, 2014, the applicant presented with persistent complaints of low back pain radiating to the right leg. Reduced sensorium was noted about the right leg with grossly intact motor function about the lower extremities. Lumbar range of motion was limited. The applicant was given multiple medication refills, including Norco, Naprosyn, Colace, topical Medrox, Norflex, and Prilosec. Lumbar support, MRI imaging, and physical therapy were apparently endorsed while the applicant was placed off of work, on total temporary disability.In a medical-legal evaluation of December 20, 2013, it was seemingly suggested that the applicant was a diabetic who has had issues with poorly controlled blood sugars.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Lower Extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Table 12-8, page 309.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, EMG testing is "not recommended" for a clinically obvious radiculopathy, as is evident here. In this case, the applicant already has a definitive diagnosis of lumbar radiculopathy. The applicant has failed lumbar spine surgery for the same. It is unclear what role repeat EMG testing would serve here, particularly when the diagnosis of lumbar radiculopathy has already been definitively established. Therefore, the request is not medically necessary.

NCS Lower Extremities: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): Table 14-3, page 377. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Diagnostic Testing section.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 14, Table 14-3, page 377 notes that electrical studies are not routinely recommended without clinical evidence of an entrapment neuropathy, in this case, the applicant has poorly controlled diabetes, his medical-legal evaluator has suggested. The applicant has heightened complaints of lower extremity leg pain. These could, in fact, represent the result of a generalized lower extremity peripheral neuropathy associated with diabetes mellitus. As further noted in the Third Edition ACOEM Guidelines Chronic Pain Chapter, nerve conduction studies are recommended when there is some suspicion of a peripheral systemic neuropathy of uncertain cause or associated with a nonindustrial condition, such as diabetes mellitus. Nerve conduction testing of the bilateral lower extremities is indicated, for all of the stated reasons. Therefore, the request is medically necessary.

12 sessions of Chiropractic care 3X4 for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation topic Page(s): 58.

Decision rationale: As noted on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines, one to two sessions of chiropractic manipulative therapy are endorsed in the event of recurrences and/or flare-ups of chronic low back pain, as is present here, in applicants who achieve and/or maintain successful return to work status. In this case, however, the applicant is off of work, on total temporary disability. The applicant does not appear to have effected any lasting benefit or functional improvement through earlier unspecified amounts of chiropractic manipulative therapy over the course of the claim. Therefore, the request is not medically necessary.

MRI of the Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8, page 309.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, MRI imaging is "recommended" as the diagnostic study of choice in applicants who have had prior back surgery. In this case, the applicant has, in fact, had prior back surgery. MRI imaging is therefore the diagnostic study of choice here, particularly in light of the fact that the applicant has seemingly had a poor outcome following the surgery in question. The applicant has hyposensorium about the legs, is using a cane, and appears, by all accounts, to have worsening radicular complaints. Obtaining MRI imaging to determine whether or not the applicant may or may not be a candidate for further lumbar spine surgery is indicated. Therefore, the request is medically necessary.