

Case Number:	CM14-0041549		
Date Assigned:	06/30/2014	Date of Injury:	01/18/2013
Decision Date:	08/19/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/07/2014

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 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 39-year-old male who was reportedly injured on January 18, 2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated April 16, 2014, indicated that there were ongoing complaints of low back pain, neck pain and headaches. The physical examination demonstrated tenderness of the lumbar spine paravertebral muscles and the sciatic notch area. There was a positive bilateral straight leg raise test and lower extremity muscle strength of 4/5. There was decreased lumbar spine range of motion secondary to pain. Diagnostic imaging studies revealed multilevel spondylosis of the lumbar spine with a mild disc bulge at L3-L4 and L5-S1 without significant stenosis, as well as bilateral lateral recess stenosis and right neural foraminal stenosis at L4-L5. A request had been made for electromyogram and nerve conduction velocity studies of the bilateral lower extremities, an x-ray of the lumbar spine, and preoperative psychological clearance and was not certified in the pre-authorization process on March 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography Bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Low Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: According to the most recent progress note, dated April 16, 2014, there were no abnormal neurological findings noted nor were there any suspected impingement findings on magnetic resonance image of the lumbar spine. Considering this, it is unclear why there is a request for electromyogram studies of the lower extremities. This request for electromyography of the bilateral lower extremities is not medically necessary.

Nerve Conduction Velocity bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Low Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: According to the most recent progress note dated April 16, 2014, there were no abnormal neurological findings noted nor were there any suspected impingement findings on magnetic resonance image of the lumbar spine. Considering this, it is unclear why there is a request for electromyogram studies of the lower extremities. This request for nerve conduction velocity studies of the bilateral lower extremities is not medically necessary.

X-ray Lumbar Spine (Flexion/Extension, AP and Lateral): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Low Back Procedure Summary.

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

Decision rationale: According to the American College of Occupational and Environmental Medicine, x-rays of the low back are recommended for red flag situations such as a fracture, serious systemic illness, subacute low back pain that is not improving, or chronic low back pain as an option to rule out other possible conditions. However, this request is also for flexion/extension injuries, which are intended to check for lumbar spine instability. The injured employee has already had a lumbar spine magnetic resonance image, which does not have any findings of suspect instability such as spondylolysis or spondylolisthesis. Therefore, this request for an x-ray of the lumbar spine to include flexion/extension, anteroposterior, and lateral views is not medically necessary.

Pre-Spine fusion surgery psych clearance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 and Thoracic, Preoperative Clearance (Updated July 3, 2014).

Decision rationale: Psychological clearance for spinal surgery is indicated for individuals intended to receive spinal fusion surgery; however, according to the medical record, there was no spinal fusion procedure planned or scheduled for the injured employee. Therefore, this request for preoperative spine fusion psychological clearance is not medically necessary.