

Case Number:	CM14-0053511		
Date Assigned:	07/07/2014	Date of Injury:	03/26/1984
Decision Date:	09/05/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/22/2014

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 71-year-old male who was reportedly injured on March 26, 1984. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated February 11, 2014, indicated that there were ongoing complaints of low back pain and left leg pain. Current medications include Skelaxin. The physical examination demonstrated decreased range of motion of the lumbar spine with tenderness over the lumbar paraspinal muscles and facet joints. Diagnostic imaging studies of the lumbar spine revealed additional hardware placed at L1-L2 to supplement previous hardware at L3-L4. X-rays of the left hip were normal. Previous treatment included lumbar spine surgery, physical therapy, aquatic therapy, a spinal cord stimulator and trochanteric bursa injections. A request had been made for a computed tomography myelogram of the lumbar spine as well as electromyogram and nerve conduction velocity studies of the bilateral lower extremities and was not certified in the pre-authorization process on March 31, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Myelogram of Lumbar Spine: Upheld

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

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

Decision rationale: The American College of Occupational and Environmental Medicine supports usage of a computed tomography myelogram for an individual who has implanted metal such as the injured employee. However, the study should only be performed if there is significantly increased pain, or red flags indicating potential neurological compromise. According to the medical record, there is no complaint of a change in symptoms and there was a normal neurological examination. For this reason, this request for a computed tomography myelogram of the lumbar spine is not medically necessary.

Electromyography to the bilateral 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 12 Low Back Complaints.

Decision rationale: According to the American College of Occupational and Environmental Medicine, electrodiagnostic studies including electromyogram and nerve conduction velocity studies are only recommended where computed tomography or magnetic resonance image results are equivocal and there are ongoing pain complaints and where there may be a neurological compromise. According to the attached progress note, there is no documentation that the injured employee has increased pain and there is a normal lower extremity neurological examination. For this reason, this request for electromyography of the bilateral lower extremities is not medically necessary.

Nerve Conduction Study of the bilateral 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 12 Low Back Complaints.

Decision rationale: According to the American College of Occupational and Environmental Medicine, electrodiagnostic studies including electromyogram and nerve conduction velocity studies are only recommended where computed tomography or magnetic resonance image results are equivocal and there are ongoing pain complaints and where there may be a neurological compromise. According to the attached progress note, there is no documentation that the injured employee has increased pain and there is a normal lower extremity neurological examination. For this reason, this request for nerve conduction velocity of the bilateral lower extremities is not medically necessary.