

Case Number:	CM14-0054303		
Date Assigned:	07/07/2014	Date of Injury:	12/08/2012
Decision Date:	09/23/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/23/2014

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 8, 2012. 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 laminectomy surgery at L4-L5 on May 25, 2013; and extensive periods of time off of work. In a Utilization Review Report dated April 7, 2014, the claims administrator denied a request for electrodiagnostic testing of the bilateral lower extremities and denied a request for pre-screening psychological evaluation prior to consideration of lumbar fusion surgery. Non-MTUS ODG guidelines were invoked to deny the pre-screening psychological evaluation, despite the fact that the MTUS addressed the topic. On October 22, 2013, the applicant presented with 7-9/10 low back pain. The applicant was having difficulty performing a variety of activities of daily living, including bending, lifting, pushing, and pulling. The applicant was placed off of work, on total temporary disability, while prescriptions for cyclobenzaprine, tramadol, Naprosyn, ondansetron, and Protonix were endorsed. Electrodiagnostic testing of bilateral lower extremities, MRI imaging and CT scanning of the lumbar spine, and psychological screening were sought. It was noted that the applicant had decreased sensorium about the left leg and 4/5 lower extremity strength, with some limitation secondary to pain. The applicant was placed off of work, on total temporary disability. It was suggested (but not clearly stated) that the applicant was considering lumbar spine surgery. On January 10, 2014, the applicant was described as having persistent complaints of low back pain, 8/10, with radiation of pain and weakness about the left foot. The applicant was off of work, it was stated. Physical therapy and manipulative therapy had not been successful, the attending provider stated. Tramadol, Naprosyn, Flexeril, MRI imaging of the lumbar spine, CT imaging of the lumbar spine, x-rays of the lumbar spine,

and psychological clearance evaluation were sought while the applicant was placed off of work, on total temporary disability. It was suggested (but not clearly stated) that the applicant was considering further spine surgery. A lumbar MRI of January 20, 2014 was notable for evidence of a 4-mm disk protrusion generating mild to moderate central stenosis at L4-L5 level, the same level in which the applicant had prior surgery. On March 7, 2014, the attending provider formally sought authorization for a lumbar fusion surgery owing to the applicant's severe and disabling low back pain complaints. Electrodiagnostic testing of bilateral lower extremities was sought while the applicant was placed off of work, on total temporary disability. On February 27, 2014, the applicant did apparently undergo a psychological evaluation/psychological clearance evaluation of some kind. The applicant was described as having issues with depression, with symptoms including anhedonia, sleep disturbance, weight change, and loss of interest in otherwise pleasurable activities. The applicant had a resultant global assessment of function (GAF) of 70, it was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of bilateral lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, EMG testing is "not recommended" in applicants who carry a diagnosis of clinically obvious radiculopathy. In this case, the applicant, per the treating provider, has a clinically obvious, radiographically confirmed lumbar radiculopathy. The attending provider has apparently already made plans to pursue a spinal fusion surgery. EMG testing of bilateral lower extremities is, by definition, superfluous, as the diagnosis in question is already clinically evident and radiographically confirmed. Therefore, the request is not medically necessary.

NCV of the bilateral lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, Table 14-6, page 377, electrical studies for routine foot and ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies is "not recommended." In this case, there is, in fact, no evidence of tarsal tunnel syndrome, lower extremity peripheral neuropathy, generalized peripheral neuropathy, diabetic neuropathy, etc. The attending provider's

documentation points to the conclusion that the applicant has a clinically-evident, radiographically-confirmed lumbar radiculopathy, essentially obviating the need for the nerve conduction testing at issue. Therefore, the request is not medically necessary.

Psych clearance for pre- screening for L4-S1 Lumbar Fusion Surgery: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 310, referral for evaluation prior to surgical intervention involving the lumbar spine is deemed "optional." In this case, it does appear, contrary to what was suggested by the claims administrator, that the applicant is intent on pursuing lumbar spine surgery. It does appear that the applicant has various mental health issues, including possible conversion disorder identified on a psychological evaluation dated February 27, 2014. Obtaining a psychological evaluation/pre-screening evaluation to quantify the extent of the same was therefore indicated. Accordingly, the request was medically necessary.