

Case Number:	CM14-0069450		
Date Assigned:	07/14/2014	Date of Injury:	09/24/2011
Decision Date:	09/09/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/14/2014

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 Family Practice 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:

This 53 year old female claimant sustained a cumulative work injury from April 30, 2010 to April 3, 2011 involving the low back. She was diagnosed with lumbosacral pain with radiculopathy. She previously underwent a lumbar sacral fusion. A progress note on March 4, 2014 indicated she had continued pain in the low back which radiated to the lower extremities. Examination was notable for lumbar spine tenderness, reduced range of motion of the lumbar spine but a negative straight leg raise test. Neurologic examination was unremarkable. The treating physician requested a pain management referral, an EMG nerve conduction study of the lower extremity, spine surgeon evaluation, and nerve conduction velocity. These were ordered due to persistent symptoms of pain and radiculopathy. She was not on any oral analgesics at the time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of bilateral lower extremities: Upheld

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): 309.

Decision rationale: According to the ACOEM Guidelines, an EMG is not recommended for clinically obvious radiculopathy. It may be appropriate to clarify nerve root dysfunction. In this case the claimant did not have abnormal neurologic findings. There was no plan for surgery. There were no radicular symptoms. The request for an EMG is not medically necessary.

Nerve conduction study (NCS) of 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): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar Pain.

Decision rationale: According to the ACOEM and the ODG, there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. In this case, the claimant did not have abnormal neurologic findings. There was no plan for surgery. There were no radicular symptoms. The request for an NCV is not medically necessary.

Spine surgeon consultation/evaluation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Specialist Referral and pg 127.

Decision rationale: According to the ACOEM Guidelines, a specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. The diagnoses were not complex or uncertain. There were no clinical or radiologic indications for surgery. The request for a spine surgery evaluation is not medically necessary.

Pain management consultation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Specialist Referral and pg 127.

Decision rationale: According to the ACOEM Guidelines, a specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. The diagnoses were not complex or uncertain. The claimant had not been on any oral analgesics or interventions for pain management at the time of the request. Based on the above, the request for pain management evaluation is not medically necessary.