

Case Number:	CM14-0079138		
Date Assigned:	07/18/2014	Date of Injury:	01/18/2013
Decision Date:	09/23/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/29/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 40 year old male who sustained an injury to his low back on 01/18/13. The mechanism of injury is not documented. A clinical note dated 02/11/14 reported that the injured worker complained of radicular type symptoms radiating down the left lower extremity. It was noted that trigger point injections provided significant relief. Physical examination of the lumbar spine noted tenderness to palpation of the paravertebral region bilaterally; trigger points in the sciatic notch area along with taut muscle bands and decreased range of motion. A clinical note dated 04/16/14 reported that the injured worker received an epidural steroid injection on 10/24/13. Since previous examination, the injured worker complained of headaches, neck and low back pain that has increased to 10/10 VAS with associated weakness, numbness, giving way, locking, grinding and swelling. It was noted that the injured worker has been receiving physical therapy and chiropractic treatment; however, it is unclear the exact amount of visits the injured worker has completed to date. MRI of the lumbar spine without contrast dated 01/24/14 revealed mild disc bulge at L3-4 without significant stenosis; L4-5, bilateral recess stenosis and right neural foraminal stenosis is appreciated; L5-S1, mild disc bulge without significant stenosis. The injured worker was recommended for EMG/NCV of the bilateral lower extremities and medical clearance prior to lumbar fusion surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV, multiple lower extremities: 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 Official Disability Guidelines (ODG) Low back chapter, Electrodiagnostic studies (EDS).

Decision rationale: The request for EMG/NCV of the bilateral lower extremities is not medically necessary. The previous request was denied on the basis that the injured worker presented with low back pain and reported that pain is associated with weakness, numbness, giving way, locking, grinding and swelling. The injured worker underwent MRI scan of the lumbar spine; however, there was no significant central canal stenosis or neural foraminal narrowing noted. There was no evidence of compression or impingement of the exiting nerve roots. Additionally, there were no complaints of radicular pain in a specific dermatomal/myotomal distribution. Neurological deficits do not follow a particular dermatomal/myotomal pattern. Positive seated straight leg raising did not confirm increased radicular symptoms. There was lacking evidence of radiculopathy on physical examination and diagnostic imaging, therefore the request was not deemed as medically appropriate. After reviewing the submitted clinical documentation, there was no additional significant objective clinical information provided for review that would support reversing the previous adverse determination. Given this, the request for EMG/NCV of the bilateral lower extremities is not indicated as medically necessary.

Psychological Medical Clearance: 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 Official Disability Guidelines (ODG) Low back chapter, Psychological screening.

Decision rationale: The request for psychological medical clearance is not medically necessary. The previous request was denied on the basis that current evidence based guidelines do not recommend fusion for patients who have less than 6 months of failed recommended conservative care, unless there is objectively demonstrated severe structural instability and/or acute or progressive neurological function, but recommended as an option for spinal fracture, dislocation, spondylolisthesis or frank neurogenic compromise, subject to the selection criteria outlined in the guidelines. There was no evidence of instability on previous imaging study and there was no mention that the injured worker underwent prior decompressive surgery at the same level of the planned fusion which puts the injured worker at risk for iatrogenic instability if a second decompressive surgery is performed. Without clinical and imaging evidence of lumbar instability, the planned surgical fusion surgery is not indicated as medically reasonable. After reviewing the submitted clinical documentation, there was no additional significant objective clinical information provided for review that would support reversing the previous adverse

determination. Given this, the request for psychological medical clearance is not indicated as medically necessary.