MAXIMUS Federal Services

Case Number:	CM14-0080870		
Date Assigned:	07/18/2014	Date of Injury:	02/13/1995
Decision Date:	08/25/2014	UR Denial Date:	05/24/2014
Priority:	Standard	Application Received:	06/02/2014

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 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:

According to the records made available for review, this is a 76-year-old male with a 2/13/95 date of injury and status post lumbar L4-5 and L5-S1 decompression in 2001. At the time (5/2/14) of request for authorization for electromyography (EMG) of the right leg between 5/2/2014 and 7/12/2014, magnetic resonance imaging (MRI) of the lumbar spine between 5/2/2014 and 7/12/2014, and 1 nerve root block at right L4-L5-S1 between 5/2/2014 and 7/12/2014, there is documentation of subjective (low back pain radiating to the right leg) and objective (decreased sensation in the right L4-5 distribution, positive Lasegue's test on the right, lumbar paraspinal spasms with limited range of motion, and non-localizing reflex and motor testing) findings, current diagnoses (lumbar post-laminectomy syndrome with increased radiculopathy), and treatment to date (lumbar surgery and medication (ongoing therapy with Vicodin)). Regarding EMG of the right leg between 5/2/2014 and 7/12/2014, there is no documentation of focal neurologic dysfunction and failure of conservative therapy. Regarding MRI of the lumbar spine between 5/2/2014 and 7/12/2014, there is no documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and that the patient is being considered for surgery. Regarding 1 nerve root block at right L4-L5-S1 between 5/2/2014 and 7/12/2014, there is no specific (to a nerve root distribution) documentation of subjective (pain, numbness, or tingling) radicular findings in each of the requested nerve root distributions, objective (sensory changes, motor changes, or reflex changes) radicular findings at L5-S1, imaging (MRI, computerized tomography(CT), myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, and failure of conservative treatment (activity modification, medications, and physical modalities).

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the right leg between 5/2/2014 and 7/12/2014: 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, low back- lumbar & thoracic (acute & chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Electrodiagnostic studies.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) reference to American College of Occupational and Environmental Medicine (ACOEM) guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. Official Disability Guidelines (ODG) identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, ODG does not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the medical information available for review, there is documentation of a diagnosis of lumbar post-laminectomy syndrome with increased radiculopathy. In addition, given documentation of subjective (low back pain radiating to the right leg) and objective (decreased sensation in the right L4-5 distribution) findings, there is documentation of low back symptoms lasting more than three to four weeks, evidence of radiculopathy, and focal neurologic dysfunction. However, given documentation of ongoing treatment with Vicodin and an associated request for lumbar nerve root block, there is no documentation of failure of conservative therapy. Furthermore, given documentation of an associated request for a lumbar MRI, there is no documentation that the etiology of the radicular symptoms is not explained by MRI or other diagnostic studies. Therefore, based on guidelines and a review of the evidence, the request for EMG of the right leg between 5/2/2014 and 7/12/2014 is not medically necessary.

MRI of the lumbar spine between 5/2/2014 and 7/12/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53, 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back- Lumbar & Thoracic (acute & chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) reference to American College of Occupational and Environmental Medicine (ACOEM) guidelines identifies

documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of magnetic resonance imaging (MRI). Within the medical information available for review, there is documentation of a diagnosis of lumbar post-laminectomy syndrome with increased radiculopathy. In addition, given documentation of subjective (low back pain radiating to the right leg) and objective (decreased sensation in the right L4-5 distribution) findings, there is documentation of objective findings that identify specific nerve compromise on the neurologic examination. However, there is no documentation of red flag diagnoses where plain film radiographs are negative; or that the patient is being considered for surgery. In addition, given documentation of ongoing treatment with Vicodin and an associated request for lumbar nerve root block, there is no documentation of failure of conservative therapy. Therefore, based on guidelines and a review of the evidence, the request for MRI of the lumbar spine between 5/2/2014 and 7/12/2014 is not medically necessary.

1 nerve root block at right L4-L5-S1 between 5/2/2014 and 7/12/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - lumbar & thoracic (acute & chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections (ESIs).

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) reference to American College of Occupational and Environmental Medicine (ACOEM) Guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. Official Disability Guidelines (ODG) identifies documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution) radicular findings in each of the requested nerve root distributions, imaging (MRI, computerized tomography (CT), myelography, or CT myelography & x-ray) findings (nerve root compression or moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, failure of conservative treatment (activity modification, medications, and physical modalities), and no more than two nerve root levels injected one session; as criteria necessary to support the medical necessity of lumbar transforaminal epidural steroid injection using fluoroscopy. Within the medical information available for review, there is documentation of a diagnosis of lumbar post-laminectomy syndrome with increased radiculopathy. In addition, there is documentation of objective (sensory changes) radicular findings at L4-5 and no more than two nerve root levels injected one session. However, despite nonspecific documentation of subjective findings (low back pain radiating to the right leg), there is no specific (to a nerve root distribution) documentation of subjective (pain, numbness, or tingling) radicular findings in each of the requested nerve root distributions. In addition, there is no documentation of objective (sensory changes, motor changes, or reflex changes) radicular findings at L5-S1. Furthermore,

given documentation of an associated request for lumbar MRI, there is no documentation of imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels. Lastly, given documentation of ongoing treatment with Vicodin, there is no documentation of failure of conservative treatment (activity modification, medications, and physical modalities). Therefore, based on guidelines and a review of the evidence, the request for 1 nerve root block at right L4-L5-S1 between 5/2/2014 and 7/12/2014 is not medically necessary.