

Case Number:	CM14-0082571		
Date Assigned:	07/21/2014	Date of Injury:	03/27/2009
Decision Date:	10/16/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	06/03/2014

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 and 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 records, presented for review, indicate that this 54-year-old gentleman was reportedly injured on March 27, 2009. The mechanism of injury was reported to be lifting a desk. The most recent progress note, dated June 12, 2014, indicated that there were ongoing complaints of low back pain radiating to the left lower extremity. The injured employee had a recent spinal cord stimulator trial with excellent results. The physical examination demonstrated a right-sided antalgic gait and a negative straight leg raise test and Kemp's test. There was a normal lower extremity neurological examination. Diagnostic imaging studies of the lumbar spine revealed a fusion at L4-L5 with intact hardware and disc protrusions at L3-L4, L4-L5 and L5-S1. Previous treatment included a lumbar spine decompression and fusion, the use of a spinal cord stimulator, chiropractic care, and medication management. A request had been made for a spinal cord stimulator, an MRI of the lumbar spine, transdermal compound cream, transportation, and Norco 10/325 and was not certified in the pre-authorization process on June 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Spinal Cord Stimulator.: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines identify the indication.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) CRPS, Spinal Cord Page(s): 38 of.

Decision rationale: According to the progress note dated June 12, 2014, the injured employee had a prior spinal cord stimulator trial with excellent relief of lower extremity pain and impartial relief of lumbar spine pain. The injured employee did have a diagnosis of failed back surgery syndrome and has received psychological clearance. Considering this, the request for a spinal cord stimulator is medically necessary.

Magnetic Resonance Imaging (MRI) Lumbar Spine.: 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 Procedure Summary

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

Decision rationale: A review of the attached medical record indicates that the injured employee had recently obtained a CT of the lumbar spine on January 11, 2014. The injured employee has intact hardware of the lumbar spine. Considering this, it is unclear why there is a request for an MRI. This request for an MRI of the lumbar spine is not medically necessary.

Transdermal Compound Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 111-112 of 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the only topical analgesic medications indicated for usage include anti-inflammatory, lidocaine, and capsaicin. There is no known efficacy of any other topical agents. Per the MTUS, when one component of a product is not necessary, the entire product is not medically necessary. Considering this, the request for transdermal compound cream is not medically necessary.

Transportation: 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): Knee and Leg, Transportation, Updated August 25, 2014.

Decision rationale: The Official Disability Guidelines recommend transportation to appointments in the same community for patients with disabilities preventing them from self-transportation. The medical record does not indicate that the injured employee is unable to provide self transportation. As such, this request for transportation is not medically necessary.

EMG/NCS of the (BLE) Bilateral Lower Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Electromyography

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

Decision rationale: The ACOEM Practice Guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a CT or MRI is equivocal and there are ongoing lower extremity symptoms. According to the progress note dated June 12, 2014, there was a normal neurological examination for the injured employee. Considering this, this request for EMG and NCS studies of the bilateral lower extremities is not medically necessary.