

Case Number:	CM14-0090319		
Date Assigned:	07/23/2014	Date of Injury:	09/03/2010
Decision Date:	10/02/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/16/2014

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 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 injured worker is a 57-year-old who reported an injury of unknown mechanism on 09/03/2010. On 06/10/2014, her diagnoses included discogenic lumbar condition with L4-5 disc protrusion, an EMG done in 2011 showing L5 radiculopathy, elements of insomnia and depression. Her complaints included constant pain which she rated at 8/10. Her medications, which included Norco, Flexeril, and gabapentin were helping to decrease her pain, muscle spasms in her back and left lower extremity, and the numbness and tingling in her left leg and foot. Her pain increased when sitting longer than 30 minutes, standing longer than 50 minutes, and walking longer than 50 minutes. She ambulated with a cane. The rationale for the request for the motorized scooter was to help her get around due to chronic pain in the low back that also affected the left lower extremity which limited her duration of sitting, standing, and walking, making it particularly difficult for her to get around. The purpose of requesting the motorized scooter was so that she could move around and do her tasks and activities. The rationale for the requested MRI and nerve conduction studies were to evaluate her intense pain as well as frequent numbness and tingling in the lower left extremity and left foot. There was no Request for Authorization included in her chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motorized Scooter: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs) Page(s): 99.

Decision rationale: The California MTUS Guidelines do not recommend power mobility devices if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or a walker, or the patient has sufficient upper extremity function to propel a manual wheelchair. Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care. This worker can ambulate up to 50 minutes before needing to rest. The clinical information submitted failed to meet the evidence based guidelines for a power mobility device. Therefore, this request for motorized scooter is not medically necessary or appropriate.

MRI lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The California ACOEM Guidelines recommend that relying solely on imaging studies to evaluate the source of low back pain and related symptoms carries a significant risk of diagnostic confusion, including false positive test results because of the possibility of identifying a finding that was present before symptoms began and therefore has no temporal association with the symptoms. False positive results have been in up to 50% of those over age 40. The submitted documentation revealed that this worker had a lumbar MRI performed in the year 2011. There was no documentation of any significant changes since that MRI had been performed. There was no rationale or justification for a repeat MRI. The need for a repeat MRI was not clearly demonstrated in the submitted documentation. Therefore, this request for an MRI of the lumbar spine is not medically necessary or appropriate.

Electromyography/ Nerve Conduction Studies: 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 chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 710-711.

Decision rationale: The California ACOEM Guidelines recommend that electrodiagnostic studies are not recommended for patients with acute subacute or chronic pain who do not have significant lower extremity pain or numbness. As imaging studies, especially CT and MRI have

progressed, the need for EMG has declined. The submitted documentation revealed that EMG/NCS had been performed in the year 2011. There was no documentation of significant changes in this injured worker's condition since the original EMG/NCS. Additionally, the request did not specify a body part or parts for the studies to have been conducted on. Therefore, this request for an EMG/NCS is not medically necessary or appropriate.