

Case Number:	CM14-0093681		
Date Assigned:	07/25/2014	Date of Injury:	03/27/2009
Decision Date:	09/23/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/20/2014

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 Tennessee. 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 patient is a 54-year-old male who has submitted a claim for lumbar decompression and fusion, associated with an industrial injury date on 03/27/2009. Medical records from 12/07/2012 to 02/07/2014 were reviewed and showed that patient complained of intense lumbar spine pain radiating down left lower extremities. Physical examination on 12/05/2013 revealed healed bilateral paravertebral post-surgical wounds, grossly normal spine alignment, decreased lumbar ROM and intact sensation of bilateral lower extremities. EMG/NCS test on 08/30/2010 revealed partial denervation of the lumbosacral Para spinals at the left L4, L5, and S1 levels. The x-ray of the lumbar spine on 11/07/2011 revealed mild scoliosis and MRI of the lumbar spine on 04/16/2009 revealed L4-5 disc protrusion with no evidence of neural compromise and lumbar levoscoliosis. Treatment to date includes lumbar decompression and fusion, L4-5 micro discectomy, physical therapy, lumbar brace, walker, and pain medications. Utilization review on 05/29/2014 denied the request for MRI of the lumbar spine because there was limited evidence of significant progression of neurological symptoms to support the need for repeat MRI and denied the request for EMG/NCV of lower extremities because a previous EMG/NCV was already done and there was limited evidence of significant progression of symptoms. The request for transdermal compounded cream was also denied because there was no evidence to reveal why a topical medication is preferred over the more usual oral route. The request for transportation is denied because the claimant did not have physical or cognitive limitations which make driving unsafe.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter MRI.

Decision rationale: As stated in ACOEM Practice Guidelines, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise, failure to respond to treatment, and consideration for surgery. Official Disability Guidelines recommends MRI for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least 1 month of conservative therapy, sooner if severe, or progressive neurologic deficit. In this case, the patient complained of low back pain radiating down the left lower extremity. However, the most recent medical record containing pertinent subjective and objective findings with respect to the lumbar pathology was dated 12/05/2013. The patient's current clinical and functional status is unknown. The request for MRI of lumbar spine is not medically necessary.

Electromyography of bilateral lower extremities: 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.

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

Decision rationale: MTUS ACOEM Low Back Chapter guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In this case, the patient complained of low back pain radiating down the left lower extremity. However, the most recent medical record containing pertinent subjective and objective findings with respect to the lumbar pathology was dated 12/05/2013. The patient's current clinical and functional status is unknown. The request for Electromyography of bilateral lower extremities is not medically necessary.

Nerve Conduction Velocity study of bilateral lower extremities: 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.

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, Nerve conduction studies (NCS) Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81.

Decision rationale: The Official Disability Guidelines state that there is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. A published study entitled, "Nerve Conduction Studies in Polyneuropathy", cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, the patient complained of low back pain radiating down the left lower extremity. However, the most recent medical record containing pertinent subjective and objective findings with respect to the lumbar pathology was dated 12/05/2013. The patient's current clinical and functional status is unknown. The request for Nerve Conduction Velocity study of bilateral lower extremities is not medically necessary.

Transdermal compounded cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Chronic Pain Treatment Guidelines states, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. In this case, the patient complained of low back pain radiating down the left lower extremity. However, the most recent medical record containing pertinent subjective and objective findings with respect to the lumbar pathology was dated 12/05/2013. The patient's current clinical and functional status is unknown. The request for transdermal compounded cream is not medically necessary.

Transportation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, no chapter cited.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Transportation (To and From Appointments).

Decision rationale: ODG states that transportation is recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. In this case, the patient complained of low back pain radiating down the left lower extremity. However, the most recent medical record containing pertinent subjective and objective findings with respect to the lumbar pathology was dated 12/05/2013. The patient's current clinical and functional status is unknown. The request for transportation is not medically necessary.