MAXIMUS Federal Services

Case Number:	CM15-0056093		
Date Assigned:	04/01/2015	Date of Injury:	01/20/2010
Decision Date:	05/15/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/24/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 38-year-old female who reported an injury on 01/20/2010. The mechanism of injury was a fall. She is currently not working. Diagnostic studies included an electrodiagnostic study of bilateral lower extremities on 07/28/2014, read by [redacted], impression which was noted to reveal abnormal electrodiagnostic study. Nerve conduction study of the bilateral lower extremities is without electrodiagnostic evidence for a peripheral polyneuropathy. Electromyography of the bilateral lower extremities lumbar and lower thoracic paraspinal muscles revealed active denervation potentials in the bilateral L5-S1 monotones consistent with an active bilateral lumbosacral radiculopathy and the corresponding root. MRI of the lumbar spine performed on 01/13/2015, read by [redacted], which was noted to reveal eccentric 3 mm posterior convexity at L5-S1 does not result in significant neural encroachment. Mild bilateral facet arthropathy is shown at L4-5 without impingement. Otherwise negative MRI examination of the lumbar spine and other level evaluated. Prior surgeries were not provided. On 02/20/2015, the injured worker was seen for constant pain in her right foot, intractable. Weight gain of 200 pounds since injury. The injured worker had swelling and severe burning of both feet and shooting pain into bilateral lower extremities. The injured worker had constant intractable low back pain with frequent numbness of the bilateral lower extremities. She ambulated with a cane. She has frequent abdominal pain. She cannot sleep well, usually sleeps only 3 to 4 hours at a time. Symptoms in the left leg are due to overcompensation. Surgical history included right foot surgery. Medications included naproxen 500 mg, gabapentin 300 mg, and Tylenol No. 3. On examination, range of motion of the cervical spine, flexion 50 degrees,

extension 40 degrees, bilateral lateral flexion 35 degrees, bilateral rotation 80 degrees. Range of motion of the lumbar spine was flexion 70 degrees, extension 20 degrees, right lateral flexion 20 degrees, left lateral flexion 30 degrees, right rotation 30 degrees, and left rotation 40 degrees. There were multiple myofascial trigger points and taut bands noted throughout the thoracic and lumbar paraspinal musculature, as well as in the gluteal muscles. The Romberg was positive. The injured worker could not execute heel and toe gait and was ambulating with a cane. There was hypersensitivity to fine touch and pinprick in both feet, right greater than left. Lower extremity motor power was decreased at 4/5 distally and -5/5 proximally. Both ankle and knee jerks were absent bilaterally. Treatment recommendation included EMG/NCV study of the bilateral lower extremities due to intractable symptoms, [redacted] weight loss program for 3 months due to weight gain of 200 pounds since injury, pharmacological assessment and management, urine drug screen, home muscle stretching exercise, swimming pool exercise daily to aid in general strengthening, physical conditioning and mood elevation, and a follow-up appointment. A Request for Authorization is dated 02/20/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography of right lower extremity: Upheld

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

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

Decision rationale: The request for electromyography of right lower extremity is not supported. The injured worker has a history of back pain. On 07/28/2014, the EMG/NCV noted an active bilateral lumbosacral radiculopathy in the corresponding nerve root. The clinical note dated 02/20/2015 does not document repeating the study is medically necessary. Radiculopathy has already been found. The clinical information does not document the emergence of red flags since the prior study of 07/28/2014. As such, the request is not medically necessary.

Nerve Conduction Velocity of right lower extremity: Upheld

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

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

Decision rationale: The request for nerve conduction velocity of right lower extremity is not supported. The injured worker has a history of back pain. On 07/28/2014, the EMG/NCV noted an active bilateral lumbosacral radiculopathy in the corresponding nerve root. The clinical note dated 02/20/2015 does not document repeating the study is medically necessary. Radiculopathy

has already been found. The clinical information does not document the emergence of red flags since the prior study of 07/28/2014. As such, the request is not medically necessary.

Electromyography of left lower extremity: Upheld

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

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

Decision rationale: The request for electromyography of left lower extremity is not supported. The injured worker has a history of back pain. On 07/28/2014, the EMG/NCV noted an active bilateral lumbosacral radiculopathy in the corresponding nerve root. The clinical note dated 02/20/2015 does not document repeating the study is medically necessary. Radiculopathy has already been found. The clinical information does not document the emergence of red flags since the prior study of 07/28/2014. As such, the request is not medically necessary.

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[redacted]**weight loss program for 3 months:** 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 Other Medical Treatment Guideline or Medical Evidence: Samuel Wollner, David Blackburn, Kristina Spellman, Lalita Khaodhiar, and George L. Blackburn (2010) Weight-Loss Programs in Convenient Care Clinics: A Prospective Cohort Study. American Journal of Health Promotion: September/October 2010, Vol. 25, No. 1, pp. 26-29.

Decision rationale: The request for [redacted] weight loss program for 3 months is not supported. The patient has a history of low back pain and weight gain. The 02/20/2015 clinical note noted the injured worker had gained 200 pounds since the injury. There is a lack of documentation of the medical necessity for the injured worker's weight loss. As such, the request is not medically necessary. There is no objective historical information about the noted weight gain, including any workup to date, to include thyroid function studies, body fat analysis, medication use that may affect body weight, etc. BMI, current or previous, is not documented. There is no mention of fail of individual efforts at weight loss. There is a lack of documentation of injured worker counseling in that regard. There is no documentation of dietary history or exercise program other than going to the gym to keep active. There is a lack of documentation of treatment goals for weight loss.