

Case Number:	CM14-0205231		
Date Assigned:	12/17/2014	Date of Injury:	11/20/1996
Decision Date:	02/27/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/08/2014

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. 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 50-year-old female who reported an injury on 11/20/1996. The mechanism of injury was not provided within the documentation submitted for review. Her diagnoses include chronic low back and right groin pain. Her past treatments include medications and a spinal cord stimulator trial. Pertinent diagnostic studies include an MRI of the pelvis performed in 11/2007 with findings of bilateral ovarian cysts, an MRI of the sacrum/coccyx performed in 11/2007 with findings of no definite sacrococcygeal abnormality and bilateral adnexal cysts as noted, and an x-ray of the right hip performed on 01/13/2014 which was unremarkable. Her surgical history includes a fusion of the L5-S1 on 07/07/2000. The injured worker presented on 11/04/2014 for ongoing low back pain with radiating symptoms down her legs. The objective physical examination noted no changes from the previous examination. Her current medication regimen included Cymbalta, tramadol, Zanaflex, Prilosec, Restoril, and Voltaren gel since at least 05/20/2014. The treatment plan included a 2 month supply of her medications, pending Independent Medical Review for bilateral lower extremity EMG/NCV, encouragement to stay active, and a followup in 2 months. The rationale for the request was not provided within the documentation submitted for review. A Request for Authorization form dated 11/06/2014 was provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV Right Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 - Lumbar & Thoracic (Acute & Chronic) /Nerve conduction studies (NCS)

Decision rationale: The request for NCV right lower extremity is not medically necessary. The injured worker has radiating low back pain. The Official Disability Guidelines state that nerve conduction studies are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. The documentation submitted for review included a clinical note indicating that the injured worker had radiating numbness, tingling, and pain in her lower extremities. The note further indicated that radiculopathy was present. Additionally, the injured worker was being treated with medications to treat radiculopathy. However, at the injured worker's most recent clinical visit, there were no objective findings of radiculopathy upon physical examination. As the injured worker is presumed to have radiculopathy, the request does not support the evidence based guidelines. As such, the request for NCV right lower extremity is not medically necessary.

EMG Right Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The request for EMG right lower extremity is not medically necessary. The injured worker has radiating low back pain. The California ACOEM Guidelines state that EMG may be recommended as an option. However, the Official Disability Guidelines state that EMG is not necessary if the patient is already suspected of having radiculopathy. The injured worker presented on 11/04/2014. However, there were no objective physical examination findings to indicate radiculopathy. In the absence of objective physical examination findings to prove radiculopathy, the request in its entirety is not supported. As such, the request for EMG right lower extremity is not medically necessary.

NCV Left Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 - Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS)

Decision rationale: The request for NCV left lower extremity is not medically necessary. The injured worker has radiating lower back pain. The Official Disability Guidelines state that nerve conduction studies are not necessary when a patient is already presumed to have radiculopathy. The injured worker presented on 11/04/2014 complaining of radiating low back pain. The documentation submitted for review indicates that the injured worker has radiculopathy and was previously treated for radiculopathy with medication. However, at her most recent clinical exam, there were no objective physical examination findings to substantiate radiculopathy. In the absence of objective physical examination findings to support radiculopathy, the request in its entirety is not supported. As such, the request for NCV left lower extremity is not medically necessary.

EMG Left Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The request for EMG left lower extremity is not medically necessary. The injured worker has radiating low back pain. The California ACOEM Guidelines state that EMG studies may be useful to obtain unequivocal evidence of radiculopathy; however, EMGs are not necessary if the patient is already presumed to have radiculopathy. Additionally, the ODG state that EMGs are not necessary if the patient is already presumed to have radiculopathy. The documentation submitted for review provides evidence that the injured worker had been treated for radiculopathy with medications. Additionally, at the injured worker's last clinical examination, there were no objective physical examination findings to support radiculopathy. In the absence of objective physical examination findings of radiculopathy, the request in its entirety is not supported. As such, the request for EMG left lower extremity is not medically necessary.