

Case Number:	CM15-0136039		
Date Assigned:	07/24/2015	Date of Injury:	01/15/2011
Decision Date:	08/20/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/14/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 35-year-old male who sustained an industrial injury on 01/15/2011. The injured worker was diagnosed with postlaminectomy syndrome and radiculopathy. The injured worker is status post lumbar laminectomy in 2011 and a revision of the right laminotomy, foraminotomy, discectomy and medial facetectomy with nerve root decompression on February 9, 2015. Treatment to date has included diagnostic testing, surgery, right transforaminal epidural steroid injections (latest in November 2014), physical therapy, aquatic therapy, podiatry evaluation and medications. According to the primary treating physician's progress report on June 10, 2015, the injured worker continues to experience low back pain with right sided radiculopathy. Examination noted weakness of dorsiflexion of the right foot and extension of the great toe. Absent ankle, reflexes were noted bilaterally with others intact. Straight leg raise at approximately 70 degrees on the right was documented. Current medications are listed as Norco 10/325mg and Neurontin. Treatment plan consists of weaning Norco to 7.5/325mg and the current request for neurologist consultation, lumbar spine magnetic resonance imaging (MRI) and Electromyography (EMG) of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with Neurologist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 92.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

Decision rationale: This claimant was injured over four years ago. The injured worker was diagnosed with postlaminectomy syndrome and radiculopathy. As of June 2015, there was low back pain and right sided radiculopathy. Examination noted weakness of dorsiflexion of the right foot and extension of the great toe. Absent ankle, reflexes were noted bilaterally with others intact. Straight leg raise at approximately 70 degrees on the right was documented. ACOEM Guidelines, Chapter 7, Page 127, state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. This request for the consult fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. At present, the request is not medically necessary.

EMG bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8, 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004). Chapter 12, page 303.

Decision rationale: As shared previously, this claimant was injured over four years ago. The injured worker was diagnosed with postlaminectomy syndrome and radiculopathy. As of June 2015, there was low back pain and right sided radiculopathy. Examination noted weakness of dorsiflexion of the right foot and extension of the great toe. Absent ankle, reflexes were noted bilaterally with others intact. Straight leg raise at approximately 70 degrees on the right was documented. The MTUS ACOEM notes that electro diagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, nerve conduction velocity would be the superior test to confirm radiculopathy, not EMG. The request was appropriately not medically necessary.

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8, 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): American College of Occupational and Environmental Medicine Page 303, Low Back Complaints.

Decision rationale: As shared, this claimant was injured over four years ago. The injured worker was diagnosed with postlaminectomy syndrome and radiculopathy. As of June 2015, there was low back pain and right sided radiculopathy. Examination noted weakness of dorsiflexion of the right foot and extension of the great toe. Absent ankle, reflexes were noted bilaterally with others intact. Straight leg raise at approximately 70 degrees on the right was documented. Under MTUS/ACOEM, although there is subjective information presented in regarding increasing pain, there are little accompanying physical signs. Even if the signs are of an equivocal nature, the MTUS note that electro diagnostic confirmation generally comes first. They note "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The guides warn that indiscriminate imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. I did not find electro diagnostic studies. It can be said that ACOEM is intended for injuries that are more acute; therefore, other evidence-based guides were also examined. The ODG guidelines note, in the Low Back Procedures section:- Lumbar spine trauma: trauma, neurological deficit- Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit)- Uncomplicated low back pain, suspicion of cancer, infection- Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. (For unequivocal evidence of radiculopathy, see AMA Guides, 5th Edition, page 382-383.) (Andersson, 2000)- Uncomplicated low back pain, prior lumbar surgery- Uncomplicated low back pain, cauda equina syndrome These criteria are also not met in this case; the request was appropriately not medically necessary under the MTUS and other evidence-based criteria.