

Case Number:	CM15-0140652		
Date Assigned:	07/30/2015	Date of Injury:	05/25/2014
Decision Date:	09/28/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/20/2015

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, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 25, 2014. In a Utilization Review report dated June 13, 2015, the claims administrator failed to approve a request for a neurosurgical consultation and electrodiagnostic of bilateral lower extremities. Elavil, conversely, was approved. The claims administrator referenced a progress note of April 3, 2015 and June 30, 2015 in its determination. The claims administrator also cited a lumbar MRI of March 3, 2015, which was reportedly notable for a large left paracentral disc protrusion at the L5 level. The claims administrator denied the request for neurosurgical consultation on the grounds that the applicant had reportedly not failed conservative treatment, despite the fact that the applicant was seemingly over a year removed from the date of the injury as of the date of the request. The applicant's attorney subsequently appealed. On a July 7, 2015 RFA form, neurosurgical consultation, electrodiagnostic testing of bilateral lower extremities and Elavil were endorsed. In an associated progress of June 3, 2015, applicant reported ongoing complaints of low back pain with various complaints of bilateral lower extremities. Bilateral lower extremity paresthesias were reported. The applicant was on Norco and Zestril, it was reported. The applicant had a history of an earlier gastric bypass, it was reported. The applicant was severely obese, with BMI of 39, it was reported. The applicant was given diagnoses of lumbar radiculitis and a left L4-L5 paracentral disk herniation. Elavil was endorsed on a trial basis. The applicant was asked to consult a neurosurgeon. The attending provider also referenced the March 5, 2015 lumbar MRI demonstrating a large left disk protrusion at the L5 level. In a work

status report dated June 30, 2015, the applicant was placed off-of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurosurgical consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): 80, 92, 305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

Decision rationale: Yes, the request for a neurosurgical consultation was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 306, if surgery is in consideration, counseling regarding outcomes, risks, benefits, and expectations is 'very important.' Here, the attending provider seemingly suggested that the applicant had a large left L5 disk herniation, which he suggested was in fact the source of the applicant's ongoing lumbar radicular pain complaints. Obtaining the added expertise of a neurosurgeon, was, thus indicated to determine the applicant's suitability for surgical intervention, given the seeming failure of non-operative treatments. Therefore, the request was medically necessary.

EMG (Electromyography)/NCS (Nerve Conduction Study) of bilateral lower extremities:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 309 and 377. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Chronic Pain, page, 848.

Decision rationale: Conversely, the request for electrodiagnostic testing (EMG) of the bilateral lower extremities was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, EMG testing is deemed "not recommended" for applicants who carry a diagnosis of clinically obvious radiculopathy, as was seemingly present here. The requesting provider suggested on July 30, 2015, that the applicant did have a large left L5 disk herniation, which he suggested was a source of the applicant's ongoing lumbar radicular pain complaints. The applicant's carrying a diagnosis of clinically obvious, radiographically confirmed lumbar radiculopathy, thus, effectively obviated the need for the EMG component of the request. In a similar vein, the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377 also notes that electrical studies (AKA nerve conduction testing) is deemed "not recommended" absent some clinical evidence of tarsal tunnel

syndrome or other entrapment neuropathy. Here, however, there was no mention or suspicion of the applicant is carrying a diagnosis of tarsal tunnel syndrome or other focal entrapment neuropathy. Lumbar radiculopathy appeared to represent the sole item on the differential diagnosis list. While the Third Edition ACOEM Guidelines Chronic Pain Chapter does support nerve conduction testing in applicants in whom there is a peripheral systemic neuropathy of uncertain cause, here, however, there was no mention of the applicant's carrying a diagnosis such as diabetes, hepatitis, hypothyroidism, alcoholism, etc., which would have heightened his predisposition toward development of a generalized peripheral neuropathy. As noted previously, lumbar radiculopathy appeared to represent the sole item on the differential diagnosis list. Therefore, the request was not medically necessary.