

Case Number:	CM15-0166457		
Date Assigned:	09/04/2015	Date of Injury:	01/07/1996
Decision Date:	10/13/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/24/2015

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 51 year old male who sustained an industrial injury on 1-7-96. He had complaints of low back pain. Progress report dated 6-24-15 reports post operative evaluation. Low back pain is controlled by PCA pump. He reports no leg pain and is up walking. Diagnoses include: lumbar spine disease, now status post fusion at L5-S1, bilateral sciatica and history of anxiety and depression. Plan of care includes: regular medications will be resumed. Progress note dated 7-14-15 reports treatment plan: neurontin, MRI lumbar spine, and EMG and nerve conduction studies. Work status: temporarily totally disabled until next appointment. Follow up on 8-25-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV/EMG of bilateral lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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 under EMGs (electromyography) Low Back chapter under Nerve conduction studies (NCS).

Decision rationale: The current request is for NCV/EMG of bilateral lower extremities. The RFA is dated 07/29/15. Treatment history includes lumbar fusion (June 2015), PCA pump, physical therapy and medications. The patient is temporarily totally disabled. ODG, Low Back chapter under EMGs (electromyography) ODG states, Recommended as an option needle, not surface. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. ODG, Low Back chapter under Nerve conduction studies (NCS) states, not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. ODG for Electrodiagnostic studies states: NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back. Per report 07/14/15, the patient is 4 weeks post posterolateral interbody fusion of L5-S1, and presents with increased pain in the left buttock area with some numbness in the right thigh. Physical examination revealed clean and dry incision and there is no evidence of infections. The patient had x-rays of the lumbar spine which showed bone graft and implants are in place. The provider would like to request MRI and EMG/NCV studies of the bilateral lower extremities "to rule out any nerve injury or improvement." Guidelines support EMG studies for patients presenting with radiculopathy in the lower extremities and NCV studies of the lower extremities in circumstances where the provider suspects peripheral neuropathy. In this case, the patient has an increase in pain down the lower extremities with numbness to the right thigh and the provider would like to rule out nerve injury following the lumbar surgery. Further investigation at this juncture would be indicated given the increase in pain and lack of EMG/NCV following surgery. This request is medically necessary

BUN and creatine labs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Clearinghouse Guideline.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

Decision rationale: The current request is for BUN and creatinine labs. The RFA is dated 07/29/15. Treatment history includes lumbar fusion (June 2015), PCA pump, physical therapy and medications. The patient is temporarily totally disabled. MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine laboratory testing. MTUS; NSAIDs, Specific drug list & adverse effects Section, page 70 does discuss "periodic lab monitoring of CBC and chemistry profile (including liver and renal function tests)." MTUS states that monitoring of CBC is recommended when patients take NSAIDs. It goes on to state, "There has been a recommendation to measure liver and transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." Per report 07/14/15, the patient is 4 weeks post posterolateral interbody fusion of L5-S1, and presents with increased pain in the left buttock area with some numbness in the right thigh. Physical examination revealed clean and dry incision and there is no evidence of infections. The patient had x-rays of the lumbar spine, which showed bone graft, and implants are in place. The RFA includes the requested labs, but progress reports provide no discussion regarding the

request. The patient's medication regimen includes Neurontin and Percocet. The provider provides no medical rationale or discussion for requesting these renal function tests. Furthermore, UR letter dated 08/06/15 states the patient had a "renal function panel dated 5/26/2015" which was normal. Given the lack of relevant documentation, this request is not medically necessary.

MRI lumbar spine with and without gadolinium: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, under MRIs (magnetic resonance imaging).

Decision rationale: The current request is for MRI lumbar spine with and without gadolinium. The RFA is dated 07/29/15. Treatment history includes lumbar fusion (June 2015), PCA pump, physical therapy and medications. The patient is temporarily totally disabled. MTUS/ACOEM guidelines, Chapter 12, page 303 states: "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." ODG-TWC guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) has the following: Indications for imaging - Magnetic resonance imaging: Uncomplicated low back pain, with radiculopathy, after at least 1-month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). Per report 07/14/15, the patient is 4 weeks post posterolateral interbody fusion of L5-S1, and presents with increased pain in the left buttock area with some numbness in the right thigh. Physical examination revealed clean and dry incision and there is no evidence of infections. The patient had x-rays of the lumbar spine, which showed bone graft, and implants are in place. The provider would like to request MRI and EMG/NCV studies of the bilateral lower extremities "to rule out any nerve injury or improvement." Guidelines support MRIs in the post-operative phase for further evaluation. Given the lack of MRI following the June 2015 lumbar surgery, and the patient's complaints of increase in radicular pain, an MRI would be indicated. This request is medically necessary.