

Case Number:	CM15-0169587		
Date Assigned:	09/10/2015	Date of Injury:	05/12/1998
Decision Date:	10/07/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/28/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 54 year old female, who sustained an industrial injury on 5-12-1998. The mechanism of injury was not provided. The injured worker was diagnosed as having lumbar post-laminectomy syndrome, post intrathecal pump implant and lumbago. A recent progress report dated 7-10-2015, reported the injured worker complained of low back pain with bilateral lower extremity pain. Pain was rated 10 out of 10 without medications and 5 out of 10 with medications. Physical examination revealed lumbar tenderness. Lumbar magnetic resonance imaging showed lumbar 3-4 stenosis and lumbar electromyography (EMG) was within normal limits. Treatment to date has included intrathecal pump, lumbar fusion, 18 sessions of acupuncture, physical therapy, epidural steroid injection and medication management. On 7-22-2015, the Request for Authorization requested Purchase LSO-Corset with Rigid L Support for the Lumbar Spine and Electromyography (EMG) of the Bilateral Lower Extremities for the Lumbar Spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase LSO-Corset with Rigid L Support for the Lumbar Spine: Upheld

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-Lumbar & Thoracic (Acute & Chronic), Lumbar supports and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007) Chapter 12: Low Back Disorders, p138-139.

Decision rationale: The claimant has a remote history of a work injury occurring in may 1998 and continues to be treated for low back and lower extremity pain including a diagnosis of failed back surgery syndrome and is being treated with an intrathecal opioid pump. Electrodiagnostic testing was done in March 2011 when she was having intermittent symptoms radiating into the lower extremities with altered left lower extremity sensation and was normal. When seen, an EMG had been done approximately 2 weeks before. She was having worsening low back and bilateral lower extremity pain with intermittent lower extremity numbness, tingling, and weakness. Physical examination findings included a BMI of over 30. There was lumbar tenderness with decreased range of motion. Straight leg raising produced back pain. There was an antalgic gait with right lumbar muscle spasms. There was decreased lower extremity strength and sensation. X-rays to rule out dynamic instability were reviewed. Recommendations included a lumbar spine support and another electrodiagnostic study. Guidelines recommend against the use of a lumbar support other than for specific treatment of spondylolisthesis, documented instability, or post-operative treatment after a lumbar fusion. In this case, there is no spinal instability referenced after review of the recent dynamic x-rays and the claimant has not undergone a recent fusion. Lumbar supports have not been shown to have lasting benefit beyond the acute phase of symptom relief and prolonged use of a support may discourage recommended exercise and activity with possible weakening of the spinal muscles and a potential worsening of the spinal condition. The requested lumbar support was not medically necessary.

Electromyography (EMG) of the Bilateral Lower Extremities for the Lumbar Spine:
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 Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant has a remote history of a work injury occurring in may 1998 and continues to be treated for low back and lower extremity pain including a diagnosis of failed back surgery syndrome and is being treated with an intrathecal opioid pump. Electrodiagnostic testing was done in March 2011 when she was having intermittent symptoms radiating into the lower extremities with altered left lower extremity sensation and was normal. When seen, an EMG had been done approximately 2 weeks before. She was having worsening low back and bilateral lower extremity pain with intermittent lower extremity numbness, tingling, and weakness. Physical examination findings included a BMI of over 30. There was lumbar

tenderness with decreased range of motion. Straight leg raising produced back pain. There was an antalgic gait with right lumbar muscle spasms. There was decreased lower extremity strength and sensation. X-rays to rule out dynamic instability were reviewed. Recommendations included a lumbar spine support and another electrodiagnostic study. Indications for repeat electrodiagnostic testing include the following: (1) The development of a new set of symptoms (2) When a serious diagnosis is suspected and the results of prior testing were insufficient to be conclusive (3) When there is a rapidly evolving disease where initial testing may not show any abnormality (e.g., Guillain-Barr syndrome) (4) To follow the course of certain treatable diseases such as polymyositis or myasthenia gravis (5) When there is an unexpected course or change in course of a disease and (6) To monitor recovery and help establish prognosis and/or to determine the need for and timing of surgical interventions in the setting of recovery from nerve injury. In this case, the claimant had an EMG approximately two weeks before this request. None of the above indications is present and testing within the requested period of time is not indicated. Repeat testing is not medically necessary.