

Case Number:	CM15-0184525		
Date Assigned:	09/25/2015	Date of Injury:	05/08/2006
Decision Date:	11/02/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/19/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 52 year old female, who sustained an industrial injury on May 8, 2006. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having lumbar post laminectomy syndrome, lumbosacral radiculitis, anxiety state and depressive disorder. Treatment to date has included diagnostic studies, physical therapy, medication and epidural steroid injections that were noted as ineffective. On August 19, 2015, an MRI of the lumbar spine showed degenerative disc disease at L5-S1, L3-4 and L4-5. At L4-5, there was a left paracentral disc extrusion with extension caudally. At L5-S1, there was a 3mm broad-based disc bulging-osteophyte with abutment of the traversing right S1 nerve root. On August 28, 2015, notes stated that her pain had returned to baseline but remained "significant" and not in remission. The injured worker continued to experience low back and right greater than left lower extremity pain with numbness along a dermatomal distribution. Physical examination revealed hypesthesia bilaterally in the S1 dermatome. Straight leg raise test was positive on the right. The treatment plan included medications, physical therapy, follow-up visit, consideration for lumbar epidural steroid injection at L4-5 based on new MRI findings, spine surgery consultation and an EMG of the lower limbs to evaluate for lumbar radiculopathy. On September 9, 2015, utilization review denied a request for one EMG of the lower limbs and one spine surgery consultation. A request for six sessions of physical therapy and hydrocodone-acetaminophen 10-325mg #60 was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyelography) of the lower limbs, quantity: 1: Upheld

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 section, EMG/NCV.

Decision rationale: Pursuant to the ACOEM and Official Disability Guidelines, EMG (Electromyelography) of the lower limbs, quantity:1 is not medically necessary. Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after one-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The ACOEM states unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. In this case, the injured worker's working diagnoses are lumbosacral radiculitis; and lumbar post laminectomy syndrome. Date of injury is May 8, 2006. Request for authorization is August 28, 2015. According to an August 28, 2015 progress note, the injured worker has low back pain and bilateral lower extremity pain. The lower extremity pain fits into a dermatome distribution. Objectively, there is positive straight leg raising (sitting). Neurologically there are hypesthesias right-sided. There are no other physical findings noted. An MRI was performed August 19, 2015 of the lumbar spine that showed degenerative disc disease at multiple levels. The treating provider requested additional physical therapy that was authorized. The injured worker has not completed a course of conservative treatment. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation indicating completion of conservative treatment (additional PT authorized), and minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy, EMG lower limbs #1 are not medically necessary.

Spine surgery consultation, quantity: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

Decision rationale: Pursuant to the ACOEM, spine surgery consultation #1 is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office

visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are lumbosacral radiculitis; and lumbar post laminectomy syndrome. Date of injury is May 8, 2006. Request for authorization is August 28, 2015. According to an August 28, 2015 progress note, the injured worker has low back pain and bilateral lower extremity pain. The lower extremity pain fits into a dermatome distribution. Objectively, there is positive straight leg raising (sitting). Neurologically there are hypesthesias right-sided. There are no other physical findings noted. An MRI was performed August 19, 2015 of the lumbar spine that showed degenerative disc disease at multiple levels. The treating provider requested additional physical therapy that was authorized. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The injured worker has not completed a course of conservative treatment. As a result, a surgical consultation is premature at this time. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, a new certified request for additional physical therapy and no documentation indicating failed conservative treatment, spine surgery consultation #1 is not medically necessary.