MAXIMUS Federal Services

Case Number:	CM15-0191031		
Date Assigned:	10/05/2015	Date of Injury:	02/24/1998
Decision Date:	11/10/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/28/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 64 year old female, who sustained an industrial injury on 2-24-1998. The medical records indicate that the injured worker is undergoing treatment for lumbar spine sprain-strain with radicular complaints. According to the progress report dated 8-5-2015, the injured worker presented with complaints of intermittent, moderate low back pain with radiation down the right leg to the level of her foot, associated with cramping in the left calf. The level of pain is not rated. The physical examination of the lumbosacral spine reveals increased tone, muscles spasms, tenderness about the paralumbar musculature, tenderness over the midline thoracolumbar junction, L5-S1 facets, and right greater sciatic notch, and positive Fabere's test. The current medications are Norco (per injured worker, she has been using for 2 years). Previous diagnostic studies include x-rays and MRI of the lumbar spine. The treating physician describes the MRI as "evidence of multilevel disc bulges and facet joint hypertrophy". Treatments to date include medication management and physical therapy. Work status was not indicated on the 8-5-2015 progress note. The original utilization review (9-8-2015) had non-certified a request for EMG-NCV of the lower extremities and pain management consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV/EMG of the lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary.

Decision rationale: According to the guidelines, an EMG is recommended to clarify nerve root dysfunction in cases of suspected disk herniation pre-operatively or before epidural injection. It is not recommended for the diagnoses of nerve root involvement if history and physical exam, and imaging are consistent. An NCV is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. In this case, the imaging and exam findings do not indicate radiculopathy as charted on 9/2/15. There is no discrepancy to investigate further. The request for the EMG/NCV is not medically necessary.

Pain management consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, the referral was to manage narcotics. However, the physician did not list the medication or dosages, chronicity, side effects or need for replacement that would justify the pain management referral. The request for the pain consult is not substantiated and is not medically necessary.