

Case Number:	CM15-0191589		
Date Assigned:	10/05/2015	Date of Injury:	06/29/2012
Decision Date:	11/10/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/29/2015

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 44 year old male, who sustained an industrial injury on June 29, 2012. The injured worker was diagnosed as having worsening herniated nucleus pulposus of the lumbar five to sacral one level and status post fusion of sacroiliac joints. Treatment and diagnostic studies to date has included magnetic resonance imaging, computed tomography of the pelvis, medication regimen, epidural steroid injections, medication regimen, physical therapy, use of a gym, swimming, and x-ray of the lumbar spine. In a progress note dated August 27, 2015 the treating physician reports complaints of pain to the low back that was noted to be "worsening", but the progress note did not indicate the injured worker's numeric pain level as rated on a visual analog scale. Examination performed on August 27, 2015 was revealing for decreased range of motion, positive tenderness on palpation, healed sacroiliac incisions, and decreased motor strength to the lower extremities with the right greater than the left. The injured worker's medication regimen on August 27, 2015 included nonsteroidal anti-inflammatories (since at least April of 2015), but the progress note did not indicate the injured worker's pain level prior to the use of his medication regimen and after the use of his medication regimen to indicate the effects with the use of the injured worker's medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of his medication regimen. The progress note from August 27, 2015 included the treating physician noted magnetic resonance imaging performed on July 16, 2012 that was revealing for herniated nucleus pulposus at the lumbar five to sacral one level and a computed tomography of the pelvis performed on September 18, 2014 that was revealing for

sacroiliac fusion. The medical records provided contained an x-ray report of the lumbar spine from June 04, 2015 that was revealing for post-surgical changes of the inferior bilateral sacroiliac joints. On August 27, 2015, the treating physician requested twelve panel urinalysis and electromyogram with nerve conduction study to the bilateral lower extremities, but the progress note did not indicate the specific reason for the requested studies. On September 11, 2015, the Utilization Review denied the requests for a twelve-panel urinalysis and electromyogram with nerve conduction study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis twelve panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Acute and Chronic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, screening for risk of addiction (tests).

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance abuse or other inappropriate activity. In addition, the clinical notes do not justify the need of urinalysis or urine toxicology. Based on the above references and clinical history a urine screen is not medically necessary.

Electromyography/Nerve Conduction Studies: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back 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 preoperatively 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 claimant has normal neurological findings and pain is localized to the back. Recent x-rays- 2 months prior were unremarkable except for post-operative changes. In addition, there was also a request for another MRI. Without discrepancy noted on imaging, an EMG/NCV is not medically necessary at this time.