

Case Number:	CM15-0192080		
Date Assigned:	10/06/2015	Date of Injury:	07/05/1992
Decision Date:	11/18/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/30/2015

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:

This is a 65-year-old male with a date of industrial injury 7-5-1992. The medical records indicated the injured worker (IW) was treated for lumbar spondylosis, lumbar stenosis and peripheral neuropathy. In the Physical Therapy Initial Report and Plan of Care (6-9-15), the IW reported chronic low back pain that was getting worse over the last two years; there was associated bilateral lower extremity numbness that increased with standing. On examination (6-9-15 notes), lumbosacral active range of motion was: forward flexion, fingers to toes; extension, "WFL"; lateral flexion, fingers 25.5 inches to floor and left lateral flexion, fingers 23 inches to floor. Lower extremity strength was 5 out of 5 except the right gluteus maximus was 4 out of 5. Treatments included physical therapy, aquatic therapy and home exercise program. A Request for Authorization was received for one pain management consultation with injections and one nerve conduction study of the bilateral lower extremities. The Utilization Review on 9-4-15 non-certified the request for one pain management consultation with injections and one nerve conduction study of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 pain management consultation with injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 04/27/2007, pg. 56.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, chapter 7 page 127.

Decision rationale: The patient presents with low back pain radiating to bilateral lower extremities. The request is for 1 PAIN MANAGEMENT CONSULTATION WITH INJECTIONS. Patient's treatments have included physical and aqua therapy. Per 06/09/15 progress report, patient's diagnosis includes lumbar spondylosis, lumbar stenosis, and peripheral neuropathy. Patient's work status was not specified. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, Chapter 7, Independent Medical Examinations and Consultations Chapter, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Treater has not specifically discussed this request and there was no RFA was provided. The patient continues to suffer from low back pain radiating to the bilateral lower extremities, and has had physical and aqua therapy. Given the patient's continued pain and diagnosis, pain management consultation would appear reasonable to further evaluate and manage the patient's condition. However, treater has not provided medical rationale, nor discussed what specific injections will be administered with the consultation. In this case, treater is requesting a consultation with injections. Without a clear discussion regarding what the treatment will entail, this request as written cannot be substantiated. Given the lack of documentation, this request IS NOT medically necessary.

1 NCV of bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Nerve Conduction Studies (NCS).

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 Nerve conduction studies.

Decision rationale: The patient presents with low back pain radiating to bilateral lower extremities. The request is for 1 NCV OF BILATERAL LOWER EXTREMITIES. Patient's treatments have included physical and aqua therapy. Per 06/09/15 progress report, patient's diagnosis includes lumbar spondylosis, lumbar stenosis, and peripheral neuropathy. Patient's work status was not specified. Regarding Nerve conduction studies, ODG Guidelines, Low Back Chapter, under Nerve conduction studies 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 (EDS) states, (NCS) which are not recommended for low back conditions and EMGs (Electromyography) which are recommended as an option for low back. The treater has not discussed this request; no RFA was provided either. The patient continues with low back radiating to bilateral lower extremities. Review of the medical records provided did not indicate a prior NCV of the bilateral lower extremities. However, guidelines do not support NCV studies to address radiating leg symptoms when these are presumed to be coming from the spine. There are no concerns regarding plexopathies or peripheral neuropathies to warrant NCV studies. Therefore, the request IS NOT medically necessary.