

Case Number:	CM15-0199209		
Date Assigned:	10/14/2015	Date of Injury:	03/21/2014
Decision Date:	11/25/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/09/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

On March 21, 2014, the injured worker was undergoing treatment for low back pain, lumbago, lumbar herniated nucleus pulposus, lumbar radiculitis and thoracic radiculitis. According to progress note of August 18, 2015, the injured worker's chief complaint was low back pain with radiation of pain down into the right buttocks and the right lower extremity to the bottom of the foot and toes with tingling and numbness. The injured worker described the pain as achy, sharp, stabbing, burning and throbbing lower back pain. The physical exam noted the injured worker was able to walk on heels and on toes normally. There was diffuse lumbar paravertebral musculature tenderness with spasms. There was tenderness in the right upper buttocks. The straight leg raising was positive bilaterally at 80 degrees. The sitting straight leg raises were negative bilaterally. The sensation evaluation of the left lower extremity with stocking glove non-dermatomal hyperesthesia the sensation of the right lower extremity was intact to light touch. The injured worker previously received the following treatments lumbar spine MRI on July 8, 2014, epidural steroid injection, 18 sessions of physical therapy, Naprosyn, Ultram, aqua therapy, acupuncture, massage therapy, Gabapentin, home exercise program, heat and ice therapy and lumbar corset. The RFA (request for authorization) dated August 18, 2015; the following treatments were requested a neurological evaluation of the lumbar spine for EMG and NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral lower extremities. The UR (utilization review board) denied certification on September 11, 2015, for a neurological evaluation of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Neurologist for Evaluation (Lumbar spine): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 - Independent Medical Examinations and Consultations page 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Office visits.

Decision rationale: Referral to neurologist for evaluation (lumbar spine) is not medically necessary per the MTUS ACOEM and the ODG guidelines. The MTUS states that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. The ODG states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The MTUS states that when the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The documentation is not clear on the need for a neurology consultation. The documentation indicates that an electrodiagnostic study may be necessary of the lower extremities. It is unclear how this consults and an electrodiagnostic study will change the management of the patient. The request for a neurology referral is not medically necessary.