

Case Number:	CM15-0220793		
Date Assigned:	11/13/2015	Date of Injury:	01/15/2013
Decision Date:	12/23/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/09/2015

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: 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 43 year old female who sustained an industrial injury on 01-15-2013. Medical records indicated the worker was treated for lumbar spine radiculitis, lumbar spine disc injury, and lumbar spine myofasciitis. In the provider notes of 10-13-2015, the worker complains of moderate to severe low back pain with pins and needles feeling. On exam, the worker is found to have an antalgic gait to the left with limited lumbar spine range of motion. She has positive straight leg raise bilaterally at 30 degrees, and tenderness piriformis with guarding. The treatment plan includes release to work with restrictions on lifting, a custom LSO (lumbo-sacral orthosis) brace for daily use, and an electromyogram-nerve conduction velocity testing of lumbar spine to determine nerve involvement of lumbosacral injury. A request for authorization was submitted for: 1. EMG/NCS Lumbar Spine. 2. Custom LSO Brace Purchase. A utilization review decision 10-28-2015 non-certified; EMG/NCS Lumbar Spine; Custom LSO Brace Purchase

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation ACOEM Guidelines, Low Back Disorders updated 04/07/08, page 62; Official Disability Guidelines, Low Back Chapter, EMGs, Nerve conduction studies.

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/NCS lumbar spine are 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 lumbar spine radiculitis; lumbar spine disc injury; and lumbar spine myofasciitis. Date of injury is January 15, 2013. Request for authorization is October 23, 2015. According to an October 13, 2015 progress note, the injured worker has frequent moderate low back pain. Objectively, there is an antalgic gait, decreased range of motion lumbar spine, positive straight leg raising and tenderness over the lumbar paraspinal muscles. There is no instability. There is no neurologic evaluation in the progress note documentation. According to a July 2, 2015 AME, the injured worker has a long-standing history of lumbar radiculopathy. The injured worker has well known lumbar pathology that explains the current symptoms and objective clinical findings. The most recent examination fails to identify any new or progressive neurologic deficits. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation indicating a long-standing history of lumbar radiculopathy, no progression of neurologic symptoms and no neurologic evaluation in the most recent progress note, EMG/NCS lumbar spine are not medically necessary.

Custom LSO Brace Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, LSO.

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 section, Lumbar supports.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, custom LSO brace for purchase is not medically necessary. Lumbar supports have not been shown to have lasting effect beyond the acute phase of symptom relief. Lumbar supports are not recommended or prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. Additionally, lumbar supports do not prevent low back pain. In this case, the injured worker's working diagnoses are lumbar spine radiculitis; lumbar spine disc injury; and lumbar spine myofasciitis. Date of injury is January 15, 2013. Request for authorization is October 23, 2015. According to an October 13, 2015 progress note, the injured worker has frequent moderate low back pain. Objectively, there is an antalgic gait, decreased range of motion lumbar spine, positive straight leg raising and tenderness over the lumbar paraspinal muscles. There is no instability. There is no neurologic evaluation in the progress note documentation. According to a July 2, 2015 AME, the injured worker has a long-standing history of lumbar radiculopathy. The injured worker has well known lumbar pathology that explains the current symptoms and objective clinical findings. The most recent examination fails to identify any new or progressive neurologic deficits. Lumbar supports have not been

shown to have lasting effect beyond the acute phase of symptom relief. Lumbar supports are not recommended or prevention. The worker is in the chronic phase of the work injury. Based on the clinical information and medical record, peer-reviewed evidence-based guidelines and guideline non-recommendations, custom LSO brace for purchase is not medically necessary.