

Case Number:	CM15-0220871		
Date Assigned:	11/16/2015	Date of Injury:	02/20/2013
Decision Date:	12/31/2015	UR Denial Date:	11/06/2015
Priority:	Standard	Application Received:	11/10/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 20, 2013. In a Utilization Review report dated November 8, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of the bilateral lower extremities and CT discography of lumbar spine. The claims administrator referenced an October 30, 2015 RFA form and an October 12, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 29, 2015, it was acknowledged the applicant was not, in fact, working owing to ongoing issues with chronic low back and knee pain. The applicant had developed derivative issues with mood, financial, social, and emotional disturbance, the treating provider reported. Percocet was renewed. The attending provider stated that the applicant had undergone prior lumbar spine surgery and had lumbar MRI imaging demonstrating an L5-S1 spondylolisthesis with associated nerve root impingement. On October 7, 2015, the applicant was placed off of work, on total temporary disability. The applicant had apparently consulted a spine surgeon who had suggested surgical intervention. A well-preserved, 5/5 lower extremity motor function and a normal, non-antalgic gait were present, the treating provider acknowledged. Percocet was continued while the applicant was placed off of work, on total temporary disability. On a neurosurgery note dated September 3, 2015, the applicant was described as having ongoing issues with chronic low back pain and left-sided radicular pain complaints. The applicant has had multiple knee surgeries, the treating provider reported. The applicant had had CT imaging of the lumbar spine dated August 26, 2015 demonstrating disc

osteophyte complex at L4-L5 and L5-S1 with associated lateral recess and neural foraminal stenosis, the treating provider reported. The attending provider contended that the applicant had a possible right lateral femoral cutaneous nerve deficit present with associated thigh numbness present. The applicant was asked to continue physical therapy while the attending provider stated that he would review the results of previously performed electrodiagnostic testing and/or CT imaging of the lumbar spine. The note was, at times, internally inconsistent in terms of discussion of the applicant's radicular pain complaints as the treating provider did not identify the laterality of the applicant's radicular pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the Bilateral Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, EMGs (electromyography), Nerve conduction studies (NCS).

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

Decision rationale: No, the request for electrodiagnostic testing (EMG-NCV) of the bilateral lower extremities was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, EMG testing is deemed not recommended for applicants who carry a diagnosis of clinically obvious radiculopathy. Here, the applicant's neurosurgeon reported on September 3, 2015 that the applicant had an established diagnosis of lumbar radiculopathy attributed to L4-L5 and L5-S1 disc-osteophyte complex with associated neural foraminal stenosis and lateral recess stenosis. The positive CT study and known, well-established history of lumbar radiculopathy, thus, effectively obviated the need for the EMG component of the request. Since the EMG component of the request was not indicated, the entire request was not indicated. Therefore, the request was not medically necessary.

Computed Tomography (CT) Discogram: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Discography.

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

Decision rationale: Similarly, the request for a CT discogram of the lumbar spine was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, CT discography, i.e., the modality at issue, is deemed not recommended in the evaluation of the applicant's low back pain, as was/is present here. The attending provider failed to furnish a clear or compelling rationale for pursuit of the CT discography in the face of the (a) unfavorable ACOEM position and (b) in the face of the applicant's already carrying a diagnosis of clinically-evident, radiographically-confirmed lumbar radiculopathy. Therefore, the request was not medically necessary.