

Case Number:	CM15-0037143		
Date Assigned:	03/05/2015	Date of Injury:	03/10/1999
Decision Date:	04/24/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/27/2015

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: 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 injured worker is a 43-year-old female, who sustained an industrial injury on 3/10/1999. She reports a low back injury. The mechanism of injury was not provided for review. Diagnoses include lumbar spondylosis and lumbago Treatment to date includes bilateral lumbar facet radio-frequency ablation at L3 to S1, physical therapy and medication management. A progress note from the treating provider dated 2/4/2015 indicates the injured worker reported lower back pain that radiates to the buttocks and that limits activities. Treatment plan included bilateral lower extremity electromyography (EMG) and bilateral lower extremity nerve conduction velocity and hardware injection in the lumbosacral area.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG right lower extremity Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS: ACOEM, Occupational Medicine practice guidelines Plus, APG I Plus, 2010, chapter Low back complaints: Special studies and diagnostic and treatment considerations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: Per the MTUS Guidelines, EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The requesting physician does not provide explanation of why EMG would be necessary for this injured worker. The injured worker has chronic pain with radiation into bilateral buttocks, and some tingling and numbness in lower extremity. Which lower extremity affected is not specified. There are no focal neurologic dysfunctions noted in history or examination. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for EMG right lower extremity Qty: 1.00 is determined to NOT be medically necessary.

NCV right lower extremity Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS: ACOEM, Occupational Medicine practice guidelines Plus, APG I Plus, 2010, chapter Low back complaints: Special studies and diagnostic and treatment considerations.

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, Nerve conduction studies (NCS) section.

Decision rationale: The MTUS Guidelines do not specifically address nerve conduction studies of the lower extremities. Per the ODG, nerve conduction studies are not recommended because there is minimal justification of performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The requesting physician does not provide explanation of why NCV would be necessary for this injured worker. The injured worker has chronic pain with radiation into bilateral buttocks, and some tingling and numbness in lower extremity. Which lower extremity affected is not specified. There are no focal neurologic dysfunctions noted in history or examination. Medical necessity of this request has not been established within the recommendations of the ODG. The request for NCV right lower extremity Qty: 1.00 is determined to NOT be medically necessary.

Hardware injections L5-S1 Qty: 1.00: 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 chapter.

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, Hardware injection (block) section.

Decision rationale: The MTUS Guidelines do not address the use of hardware injections. The ODG recommends the use of hardware injection only for diagnostic evaluation of failed back surgery syndrome. This injection procedure is performed on patients who have undergone a fusion with hardware to determine if continued pain is caused by the hardware. If the steroid/anesthetic medication can eliminate the pain by reducing the swelling and inflammation near the hardware, the surgeon may decide to remove the patient's hardware. The medical records indicate that this request is not for diagnostic purposes, but for treatment. The requesting physician had requested an epidural steroid injection which was denied during utilization review, so hardware injection was requested. The request for hardware injections L5-S1 Qty: 1.00 is determined to NOT be medically necessary.

EMG left lower extremity Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS: ACOEM, Occupational Medicine practice guidelines Plus, APG I Plus, 2010, chapter Low back complaints: Special studies and diagnostic and treatment considerations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: Per the MTUS Guidelines, EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The requesting physician does not provide explanation of why EMG would be necessary for this injured worker. The injured worker has chronic pain with radiation into bilateral buttocks, and some tingling and numbness in lower extremity. Which lower extremity affected is not specified. There are no focal neurologic dysfunctions noted in history or examination. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for EMG left lower extremity Qty: 1.00 is determined to NOT be medically necessary.

NCV left lower extremity Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS: ACOEM, Occupational Medicine practice guidelines Plus, APG I Plus, 2010, chapter Low back complaints: Special studies and diagnostic and treatment considerations.

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, Nerve conduction studies (NCS) section.

Decision rationale: The MTUS Guidelines do not specifically address nerve conduction studies of the lower extremities. Per the ODG, nerve conduction studies are not recommended because there is minimal justification of performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The requesting physician does not provide

explanation of why NCV would be necessary for this injured worker. The injured worker has chronic pain with radiation into bilateral buttocks, and some tingling and numbness in lower extremity. Which lower extremity affected is not specified. There are no focal neurologic dysfunctions noted in history or examination. Medical necessity of this request has not been established within the recommendations of the ODG. The request for NCV left lower extremity Qty: 1.00 is determined to NOT be medically necessary.