

Case Number:	CM15-0038300		
Date Assigned:	03/09/2015	Date of Injury:	02/10/2011
Decision Date:	04/17/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/02/2015

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:

The injured worker is a 70-year-old male, who sustained a work/ industrial injury on 2/10/11. He has reported symptoms of low back pain with radiation to the legs. Prior medical history includes hypertension. The diagnostic testing has included a previous electromyogram that showed polyneuropathy. Treatments to date included back brace, Transcutaneous Electrical Nerve Stimulation (TENS) unit, and medication. Diagnosis included discogenic lumbar condition with radicular component down the lower extremities. An Magnetic Resonance Imaging (MRI) demonstrated disc disease and protrusion at L1-2, L2-3 and L4-5 with facet arthrosis at all these levels, retrolisthesis of L4 on L5, and L5 on S1. Medications included Percocet, MS Contin, Colace, glucosamine, and Protonix. The treating physician's report (PR-2) from 1/21/15 indicated shooting pain down the lower extremities with numbness and tingling with spasm. Examination revealed decreased range of motion, tenderness along the lumbosacral area and the SI joints. Reflexes were 2+ at the knee on the right and 1+ on the left and ankle reflexes were absent. Straight leg raise (SLR) caused pain at 40 degrees. Sensory function to pinwheel was normal. Strength was showing weakness to ankle dorsiflexion bilaterally. On 2/20/15, Utilization Review non-certified a MRI of the lumbar spine, citing the California Medical Treatment Utilization Schedule (MTUS), ACOEM Guidelines. On 2/20/15, Utilization Review non-certified a EMG/NCV bilateral upper extremities; Spine surgeon consultation, citing the Non-California Medical treatment Utilization Schedule (MTUS), ACOEM Guidelines: Official Disability Guidelines (ODG) Pain Electrodiagnostic testing (EMG/NCS) The American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM).

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilateral upper 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) Pain Electrodiagnostic testing (EMG/NCS)The American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

Decision rationale: This patient presents with lumbar condition with radicular component down the lower extremities, spinal stenosis, and chronic pain syndrome. Oddly, the request is for EMG/NCV BILATERAL UPPER EXTREMITIES. None of the reports reviewed discuss upper extremity symptoms. The patient is currently retired per 01/21/15 report. ACOEM guidelines page 262 has the following regarding EMG/NCV for hand/wrist symptoms: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." Per 12/16/14 report, the treater discusses findings from lower extremity EMG "showing denervation at right S1-S2. Repeat EMG at this time is needed for purposes of discovery." 1/21/15 also refers to lower extremity studies stating, "nerve studies have been done more than once and have been unremarkable at the beginning. The second set showed denervation at S1-S2. The patient also has polyradiculopathy." In this case, there are no discussions regarding any upper extremity findings. No RFA's are found addressing upper extremity EMG/NCV. The UR letter from 2/10/15 addressed upper extremity EMG/NCV as well. Given that the patient does not present with any bilateral upper extremity radicular symptoms, EMG/NCV does not appear indicated. The request IS NOT medically necessary.

MRI of the lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, MRI.

Decision rationale: This patient presents with lumbar condition with radicular component down the lower extremities, spinal stenosis, and chronic pain syndrome. The request is for MRI of the lumbar per 01/21/15 report. The patient is currently retired per 01/21/15 report. Per 01/21/15,

the MRI of lumbar spine in the past (the date is not available) showed "disc disease and protrusion at L1-L2, L2-L3 and L4-L5 with facet arthrosis at all these levels. There is retrolisthesis of L4 on L5 and L5 on S1". Regarding MRI of L-spine ACOEM guidelines, Chapter 12, page 303 states: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." For uncomplicated low back pain, ODG guidelines require at least one month of conservative therapy and sooner if severe or progressive neurologic deficit is present for an MRI. ODG supports an MRI for prior lumbar surgery as well. In this case, the treater does not explain why the patient needs repeated MRI of lumbar spine. Review of reports does show any new symptoms, and there are no red flags or neurologic deficits. The request does not meet guideline requirements. The request IS NOT medically necessary.

Spine surgeon consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

Decision rationale: This patient presents with lumbar condition with radicular component down the lower extremities, spinal stenosis, and chronic pain syndrome. The request is for SPINE SURGEON CONSULTATION on 09/09/14. The patient is currently retired per 01/21/15 report. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "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". ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. In this case, the patient complains of chronic low back pain. The guidelines generally allow and support specialty follow up evaluations for chronic pain conditions. The request IS medically necessary.