MAXIMUS Federal Services

Case Number:	CM15-0040973		
Date Assigned:	03/11/2015	Date of Injury:	12/19/2013
Decision Date:	04/23/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/04/2015

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 58 year old male, who sustained an industrial injury on 12/19/2013. He reported sharp hip pain while unfolding tables and using his right leg to push the table legs. The injured worker was diagnosed as having lumbosacral degenerative disc disease, right hip sprain, bilateral lower extremity parasthesias and chronic low back pain. Treatment to date has included magnetic resonance imaging, physical therapy and medication management. Currently, a progress note from the treating provider dated 2/9/2015 indicates the injured worker reported low back pain and right lower extremity pain with numbness in the feet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 180 and 288, 306, respectively.

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 has a date of injury of 12/19/13 and presents with low back pain that radiates into his lower extremities with numbness in the feet. The current request is for PAIN MANAGEMENT EVALUATION. The American College of Occupational and Environmental Medicine, ACOEM, second edition 2004 chapter 7, page 127 states that: 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, and/or the examinees fitness for return to work. This patient presents with chronic low back pain with some expression of depression and weight gain secondary to pain. An evaluation by a pain management specialized is in accordance with ACOEM guidelines. The request IS medically necessary.

EMG/NCV of the bilateral lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): table 12-8.

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: Nerve conduction studies (NCS) & EMG studies.

Decision rationale: This patient has a date of injury of 12/19/13 and presents with low back pain that radiates into his lower extremities with numbness in the feet. The current request is for EMG/NCV OF THE BILATERAL LOWER EXTREMITIES. ACOEM Guidelines page 303 allows for EMG studies with H-reflex test to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. ODG guidelines have the following regarding EMG studies, EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. ACOEM is silent on NCV testing of the lower extremities. ODG (Online Low Back chapter: Nerve conduction studies (NCS) ODG states: Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. ODG for Electro diagnostic studies (EDS) states: NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back." MRI of the lumbar spine from 05/20/14 revealed 3-4mm diffuse disc bulge with moderate bilateral neuroforaminal narrowing and mild central canal stenosis, bilateral facet and ligamentum flavum hypertrophy. The L4-5 showed similar findings but with a 5mm diffuse disc bulge with moderate to severe neuroforaminal narrowing. There is no indication that prior EMG/NCV testing has been provided. In this case, the patient continues to complain of pain with radicular components and has had a MRI but the physician would like further diagnostic testing to obtain unequivocal

evidence of radiculopathy. The requested EMG/NCV is in accordance with ACOEM/ODG and IS medically necessary.