

Case Number:	CM15-0046287		
Date Assigned:	03/18/2015	Date of Injury:	07/29/2014
Decision Date:	04/23/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/11/2015

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 70-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 29, 2014. In a Utilization Review Report dated February 25, 2015, the claims administrator failed to approve a request for a spine specialist's referral and electrodiagnostic testing of bilateral lower extremities while apparently approving a follow-up with a pain management physician as well as reevaluation by the applicant's primary treating provider. A February 5, 2015 RFA form was referenced in the determination. The applicant's attorney subsequently appealed. Per the claims administrator's medical evidence log, however, the most recent article on file was dated January 9, 2015. In a secondary treating provider's progress note dated January 9, 2015, the applicant reported ongoing complaints of low back pain radiating to the right leg. The applicant had been laid off and/or terminated by her former employer, it was incidentally noted. The applicant was given a presumptive diagnosis of lumbar radiculopathy. Positive straight leg raising was noted. The attending provider suggested that the applicant needed further diagnostic workup to establish a definitive diagnosis of lumbar radiculopathy. The applicant was using Naprosyn, Prilosec, Flexeril, and Menthoderm, it was acknowledged. The attending provider did not explicitly state what workup was being proposed. On September 18, 2014, MRI imaging of thoracic spine, lumbar spine, and hip were endorsed, the results of which were not clearly reported. The applicant was placed off of work, on total temporary disability. The applicant denied having any significant past medical history.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to a spine specialist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

Decision rationale: 1. No, the request for a referral to a spine specialist was not medically necessary, medically appropriate, or indicated here. Based on the limited information on file, it appears that this request represents a request for a consultation with a spine surgeon. However, the MTUS Guidelines in ACOEM Chapter 12, page 306 notes that applicants with low back pain complaints alone, without finding of serious conditions of significant nerve root, rarely benefit from either surgical consultation or surgery. Here, there was no evidence that the applicant was in fact actively considering or contemplating any kind of surgical intervention involving the lumbar spine. The results of previously ordered lumbar MRI imaging were not clearly detailed. It does not appear that the February 5, 2015 progress note and associated RFA form in which the request in question were initiated were seemingly incorporated into the Independent Medical Review packet. The information, which was on the file, however, failed to support or substantiate the request. Therefore, the request was not medically necessary.

Electromyogram/nerve conduction velocity of lower extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 309; 272.

Decision rationale: 2. Similarly, the request for electrodiagnostic testing of bilateral lower extremities was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guidelines in ACOEM Chapter 12, Table 12-8, page 309, EMG testing is deemed "not recommended" for applicants with a clinically obvious radiculopathy. Here, the results of previously ordered and seemingly previously performed lumbar MRI imaging were not clearly detailed. If positive, said MRI imaging would effectively obviate the need for the proposed electrodiagnostic testing. An earlier note of January 9, 2015 also suggested that the applicant's radicular pain complaints were confined to the right lower extremity. There was no mention made of low back pain radiating into the left leg. The MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 recommends against electrodiagnostic testing for routine evaluation purposes, particularly where asymptomatic body parts are concerned. Here, the information on file does not clearly establish why electrodiagnostic testing of bilateral lower extremities was proposed when the applicant was seemingly asymptomatic insofar as the left leg was concerned. Therefore, the request was not medically necessary.

