MAXIMUS Federal Services

Case Number:	CM15-0047948		
Date Assigned:	03/20/2015	Date of Injury:	04/01/2002
Decision Date:	04/24/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/13/2015

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: New Jersey, New York
Certification(s)/Specialty: Family Practice

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 60 year old male, who sustained an industrial injury on 4/1/02. The injured worker has complaints of low back pain shooting down his legs, left more than right with tingling, numbness and paresthesia. Physical examination showed increased lumbar lordosis and range of motion of the lumbar spine is restricted. The diagnoses have included chronic low back pain; failed back surgery syndrome; status post fusion of lumbar spine at l4-L5 and L5-S1 level; left lumbar radiculitis and sciatica and chronic myofascial pain. Treatment to date has included physical therapy; chiropractic therapy; lumbar fusion at L4-L5 and L5-S1 level; lumbar spine radiographs dated 8/19/10; Magnetic Resonance Imaging (MRI) of the lumbar spine and medications. The requested treatment is for Needle EMG/NCV for lower extremities and methadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Needle EMG/NCV for lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 309.

Decision rationale: The request for an EMG/NCV of the lower extremities is considered medically necessary. EMG/NCV is used to clarify nerve root dysfunction and is not indicated for obvious radiculopathy. The chart mentions that he had lower back pain with decreased strength and decreased sensation in unspecified dermatomes and was diagnosed with failed back syndrome. His MRI showed multilevel discogenic disease. He would like benefit from electrodiagnostic testing to clarify the nerve root dysfunction. Therefore, the request is considered medically necessary.

Methadone 5 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request is considered not medically necessary. The patient was on previous opiates without relief of symptoms. He was able to discontinue the opiates but then began drinking alcohol and using marijuana to treat his pain. This is concerning for aberrant behavior and would need to monitored closely. Previous opiates were not successful at treating his pain and there was no mention at increase in function. Opiates may be recommended for short-term use but long-term use comes with many risks. At this point, the risks may outweigh the benefits, therefore, the request is considered not medically necessary.