

Case Number:	CM15-0081405		
Date Assigned:	05/04/2015	Date of Injury:	01/13/1987
Decision Date:	06/02/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/28/2015

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: Emergency 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 69 year old male who sustained an industrial injury on 01/13/87. Initial complaints and diagnoses are not available. Treatments to date include medications, rest, and therapies. Diagnostic studies are not addressed. Current complaints include back pain. Current diagnoses include facet arthropathy and lumbar radiculopathy. In a progress note dated 03/30/15, the treating provider reports the plan of care as a MRI of the lumbosacral spine, nerve conduction studies, and a new mattress. Patient had complaint of flare up of back pain. Patient claimed it was due to old mattress. Objective exam reveals diffuse lumbar tenderness with decreased range of motion. Patient had noted decreased sensation on L5 and S1 dermatomes. UR had approved MRI of lumbar spine. The requested treatments are a new mattress and nerve conduction studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS by Treating Physician: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 309 and 377.

Decision rationale: EMG (Electromyography) and NCV (Nerve Conduction Velocity) studies are 2 different studies that are testing for different pathology. As per ACOEM Guidelines, EMG may be useful in detecting nerve root dysfunction. There is documentation of obvious radiculopathy on exam. Patient has an MRI approved. Concurrent EMG on obvious radiculopathy with pending MRI and no other conservative care does not meet guidelines. EMG is not medically necessary. As per ACOEM guidelines, Nerve Conduction Velocity studies are contraindicated in virtually all knee and leg pathology unless there signs of tarsal tunnel syndrome or any nerve entrapment neuropathies. There are no such problems documented. NCV is not medically necessary. Both tests are not medically necessary. NCV/EMG of bilateral lower extremity is not medically necessary.

New Mattress: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Low Back: Mattress selection ODG: Knee and Leg: Durable Medical Equipment(DME).

Decision rationale: MTUS Chronic pain guidelines and ACOEM guidelines do not adequately address this topic. Patient has chronic low back pains with complaints of poor sleep. No details of sleep problem were provided. According to the Official Disability Guideline (ODG), mattress selection is subjective and is not recommended due to lack of evidence to support any special mattress selection in low back pain. As per ODG, mattress selection and comfort appears to be purely subjective and is therefore not medically recommended. Mattress also does not meet criteria for Durable Medical Equipment which must meet all specified criteria. 1) Can withstand repeated use. Meets criteria. 2) Primarily used for medical purpose. Fails criteria. 3) Generally not useful to a person in the absence of illness or injury. Fails criteria. 4) Appropriate for home. Meets criteria. Mattresses are not medical devices and is therefore not medically necessary,