

Case Number:	CM15-0084537		
Date Assigned:	05/06/2015	Date of Injury:	10/16/2012
Decision Date:	07/01/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/02/2015

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: 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 23-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 16, 2012. In a utilization review report dated April 24, 2015, the claims administrator failed to approve requests for electrodiagnostic testing of the right leg, an initial functional capacity evaluation (FCE), 12 sessions of acupuncture, and a neuro consult for the lumbar spine. The claims administrator referenced non- MTUS ODG Guidelines and denied the FCE, despite the fact that the MTUS addressed the topic, and also invoked non-MTUS Chapter 7 ACOEM Guidelines to deny the neuro consult, again despite the fact that the MTUS addressed the topic. The claims administrator referenced an RFA form dated April 10, 2015 and a reportedly undated accompanying progress note. The applicant's attorney subsequently appealed. On July 24, 2014, the applicant reported ongoing complaints of low back pain seven months removed from earlier right L4-5 discectomy surgery. The applicant was described as doing "pretty well." The applicant was pending an epidural steroid injection. Additional physical therapy was sought. The applicant's work status was not detailed, although the treating provider suggested that the applicant would likely require the imposition of permanent work restrictions. The claims administrator's medical evidence log suggested that the July 25, 2014 progress note represented the sole progress note on file.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV for the right leg: 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 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 309; 377.

Decision rationale: No, the request for electrodiagnostic testing of the right lower extremity was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, EMG testing is "not recommended" for applicants who carry a diagnosis of clinically obvious radiculopathy. Here, the applicant did apparently carry a diagnosis of clinically obvious radiculopathy status post earlier lumbar microdiscectomy surgery. The diagnosis of lumbar radiculopathy, based on the historical progress note of July 24, 2014, thus, appeared to be clinically evident, seemingly obviating the need for the EMG component of the request. In a similar vein, the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377 also notes that electrical studies are "not recommended" absent some compelling clinical evidence of tarsal tunnel syndrome or other entrapment neuropathy. Here, however, there was no mention of the applicant's carrying a diagnosis of tarsal tunnel syndrome, focal entrapment neuropathy, generalized peripheral neuropathy, diabetic neuropathy, etc. Again, the March 10, 2015 progress note based on which the article in question was proposed was not incorporated into the IMR packet. The historical information on file, however, failed to support or substantiate the request. The request is not medically necessary.

Initial Functional Capacity Evaluation for the lumbar spine: 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-TWC), Fitness for Duty, Functional capacity evaluation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: Similarly, the request for an initial functional capacity evaluation was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering a functional capacity evaluation when necessary to translate medical impairment to limitations and/or restrictions and to determine work capability, here, however, the historical progress note of July 24, 2014 suggested that the applicant was off of work as of that point in time. It did not appear that the applicant had a job to return to. It was not clearly stated or clearly established why the FCE in question was being sought. Again, the March 10, 2015 progress note on which the article in question was initiated was not incorporated into the IMR packet. The historical information on file, however, failed to support or substantiate the request. Therefore, the request was not medically necessary.

Acupuncture for the lumbar spine 2 x 6 (12 visits): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for 12 sessions of acupuncture for the lumbar spine was likewise not medically necessary, medically appropriate, or indicated here. The 12-session course of acupuncture at issue, in and of itself, represents treatment in excess of the 3- to 6-treatment course deemed necessary to produce functional impairment, per the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.c1. It was not clearly stated why treatment was sought at the rate of two to four times MTUS parameters. The applicant's response to previous acupuncture (if any) was not clearly detailed. Again, the March 10, 2015 RFA form on which the article in question was sought was not incorporated into the IMR packet. The historical information on file, however, failed to support or substantiate the request. Therefore, the request was not medically necessary.

Neuro Consult for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: Finally, the request for a 'neuro' consult for the lumbar spine was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 5, page 92 does acknowledge that referrals may be indicated if an attending provider is uncomfortable treating or addressing a particular cause of delayed recovery, here, however, it was not clearly stated or clearly established what particular cause or issue the requesting provider was uncomfortable treating and/or addressing himself. Again, the March 10, 2015 RFA form in which the article in question was sought was not incorporated into the IMR packet. The historical information on file, however, failed to substantiate the request. Therefore, the request was not medically necessary.