

Case Number:	CM14-0126892		
Date Assigned:	08/13/2014	Date of Injury:	05/07/2011
Decision Date:	10/16/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/11/2014

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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Report June 6, 2014, indicates the insured being evaluated for low back pain with spasm reported radiculopathy into the left leg. Symptoms in the back are reported to continue unabated. The insured is able to walk one block with tolerance. There is tingling about the anterior left calf and lifting, bending or stooping will increase low back pain. Examination reported the insured appeared to be in obvious pain. Gait was normal with walking on toes and heels normal. Straight leg raise was negative bilaterally. There was pain in the low back with no radiculopathy. Sensation was intact. A MRI of lumbar spine 08/23/13 reported multilevel disc height loss with a disc protrusion noted at T11-T12 and L1-L2. The diagnosis was listed as multilevel degenerative disc disease of the lumbar spine. The insured is reported to have undergone epidural steroid injection without benefit. The insured is reporting a problem with incontinence and denies any history of prior incontinence before the back injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antispasticity drugs Page(s): 63.

Decision rationale: The medical records provided for review support that there is muscle spasm for which Baclofen is supported to treat. MTUS supports that it is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain (trigeminal neuralgia, non-FDA approved). As such, this request is medically necessary.

EMG Bilateral Lower Extremities: 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) Low Back chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -low back, EMG Recommended as an option (needle, not surface). 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. (Bigos, 1999) (Ortiz-Corredor, 2003) (Haig, 2005)

Decision rationale: The medical records provided for review do not indicate any objective neurologic deficit in support of a neurologic injury for which EMG would be supported to diagnose. EMG is not supported for evaluation of incontinence in the absence of other focal neurologic disturbance such as weakness, spasticity, or sensory loss. EMG is recommended as an option (needle, not surface). 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. (Bigos, 1999) (Ortiz-Corredor, 2003) (Haig, 2005) No correlation was found between intraoperative EMG findings and immediate postoperative pain, but intraoperative spinal cord monitoring is becoming more common and there may be benefit in surgery with major corrective anatomic intervention like fracture or scoliosis or fusion where there is significant stenosis. (Dimopoulos, 2004) EMG's may be required by the AMA Guides for an impairment rating of radiculopathy. (AMA, 2001) (Note: Needle EMG and H-reflex tests are recommended, but Surface EMG and F-wave tests are not very specific and therefore are not recommended. See Surface electromyography.) As such, this request is not medically necessary.