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| Case Number: | CM14-0147091 | | |
| Date Assigned: | 09/12/2014 | Date of Injury: | 03/01/2010 |
| Decision Date: | 10/15/2014 | UR Denial Date: | 08/21/2014 |
| Priority: | Standard | Application Received: | 09/09/2014 |

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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:

The records presented for review indicate that this 45 year-old female was reportedly injured on March 1, 2010. The most recent progress note, dated May 14, 2014, indicates that there were ongoing complaints of low back pain. The physical examination is very limited, and notes spasm in the right side of the hip, with a normal gait. Diagnostic imaging studies include a MRI of the lumbar spine with and without contrast from March 2014, which shows postsurgical changes consistent with anterior lumbar interbody fusion at L4-L5 and L5-S1, as well as mild spinal canal stenosis secondary to congenitally shortened pedicles. Previous treatment includes surgical fusion and postoperative physical therapy. A request had been made for an LSO brace, an EMG study of bilateral upper extremities, and a NCS study of bilateral upper extremities, and was not certified in the pre-authorization process on August 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar Supports

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

Decision rationale: MTUS/ACOEM practice guidelines do not support the use of a LSO or other lumbar support devices for the treatment or prevention of low back pain except in cases of specific treatment of spondylolisthesis, documented instability, or postoperative treatment. Although the claimant is noted as being "status post fusion," there is no documentation of the date of the surgery, and therefore, cannot be considered in an acute postoperative setting. Additionally, there is no documentation of instability or spondylolisthesis with flexion or extension plain radiographs of the lumbar spine. As such, this request is not considered medically necessary.

EMG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Needle EMG is recommended when a spine CT or MRI is equivocal and there are ongoing pain complaints that raise questions about whether there may be an identifiable neurological compromise. This includes extremity symptoms consistent with radiculopathy, spinal stenosis, peripheral neuropathy, etc. EMG is not recommended for patients with subacute or chronic spine pain who do not have significant arm or leg pain, paresis or numbness. Based on the clinical documentation provided, claimant does not report or exhibit any paresis or numbness to the extremities, therefore, there is no indication for this test. Additionally, there does not appear to be exceptional factors that were deviation from the guidelines, as such, this request is not considered medically necessary.

NCS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: ACOEM practice guidelines support Nerve Conduction Studies in Certain Situations, and are recommended for chronic neuropathic pain when there is a peripheral entrapment neuropathy that has not responded to treatment, or when there is a peripheral systemic neuropathy that is either of uncertain cause or when there is a necessity document extent. The clinician has not documented any objective findings of neuropathy, and has not cited exceptional factors that were deviation from the guidelines. Given the lack of documentation to support an NCV study, this request is not considered medically necessary.