MAXIMUS Federal Services

Case Number:	CM14-0148120		
Date Assigned:	09/18/2014	Date of Injury:	10/20/2008
Decision Date:	10/16/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/11/2014

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 Occupational Medicine, 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:

Patient is a 42 year-old male with date of injury 10/20/2008. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/28/2014, lists subjective complaints as low back pain with radicular symptoms to the left posterior thigh and calf. Objective findings: Tenderness to palpation of the paravertebral muscles with spasm noted at L3-S1.Range of motion decreased in forward flexion and extension. Sensation as associated by pinwheel was decreased in the lower left extremity, L5-S1. Straight leg raising was normal bilaterally. Diagnosis: 1. Lumbar disc herniation at L4-5 and L5-S1 with significant radiculopathy. Patient previously underwent an MRI in 2008 (was not included in documentation). An x-ray of the lumbar spine revealed decreased disc space at L4-5 and L5-S1. Patient has never had any EMG's.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOXICOLOGY-URINE DRUG SCREEN TO EVALUATE MEDICATION MANAGEMENT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 43.

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. Quantitative values performed on a negative drug screen are not supported by the MTUS, however. Quantitative urine drug screen is not medically necessary.

LOWER LUMBAR SPINE DIAGNOSTIC TEST NCV, 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

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 - Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS)

Decision rationale: According to the Official Disability Guidelines, nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy.

LOWER LUMBAR SPINE DIAGNOSTIC TEST EMG BILATERAL LOWER EXTREMITIES: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

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

Decision rationale: The ACOEM Guidelines state that electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks.The patient has had intermittent radicular-like symptoms over the course of the last 3 years. His physical exam is suspicious for L5 and S1 radiculopathy, but certainly not diagnostic. Lumbar films show degenerative disc disease at L4-5 and L5-S1, which also may make the requesting physician suspicious for radiculopathy originating from those levels. I am reversing the previous utilization review decision. EMG studies of bilateral lower extremities are medically necessary.