

Case Number:	CM14-0148521		
Date Assigned:	09/18/2014	Date of Injury:	10/17/2013
Decision Date:	11/19/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/12/2014

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 patient is a 52 year old male who sustained an injury to his low back on 10/17/2013 while lifting heavy metal pieces. Diagnostic studies reviewed include MRI of the lumbar spine dated 11/01/2013 revealed L4/L5 grade I anterolisthesis with a 3-4 mm broad based disc bulge in presence of moderate to severe to the right and moderate foraminal stenosis to the left. There is spinal canal stenosis at this level and annular tear as well. There is bilaterally neural foraminal narrowing also. On note dated 05/20/2014, the patient presented with worsening leg pain and flare up of his symptoms. His lumbar spine range of motion revealed flexion to 40 degrees; extension to 10 degrees; straight leg raise is positive. Jamar dynamometer testing revealed: Right: 60, 60, 60 and Left: 42, 42, 42. Progress report dated 07/03/2014 documented the patient to have complaints of back pain and radicular complaints, unchanged from previous visits. On exam, flexion is restricted to 35 degrees and spasm is present with tightness. Range of motion of the lumbar spine revealed flexion to 35 degrees; extension to 10 degrees; and straight leg raise is positive bilaterally. The patient is diagnosed with lumbar strain with herniated disc and radiculopathy. The patient was recommended for EMG/NCV of bilateral lower extremities and pain management consult for pain management and acupuncture treatment. Prior utilization review dated 08/11/2014 by [REDACTED] states the request for Consultation with pain management specialist (lumbar) is denied as medical necessity has not been established; EMG of the bilateral lower extremities and EMG of the bilateral lower extremities are denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with pain management specialist (lumbar): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - TWC Procedure Summary last updated 07/10/2014; Office Visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) Independent Medical Examinations and Consultations, page (s) 503

Decision rationale: As per CA MTUS guidelines, the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Further guidelines indicate that the consultation is recommended to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, the provider has requested pain management consultation. Medical records show that the patient's lumbar neuropathic pains is not well controlled. The medical necessity is established. Therefore the request is medically necessary.

EMG of the bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM's Occupational Medicine Practice Guidelines, Second Edition, Chapter 12, Page 303; regarding electromyography (EMG) including H reflex tests ODG - TWC Low Back Procedure Summary last updated 07/03/2014; regarding eletrodiagnostic studies

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, EMG

Decision rationale: According to the CA MTUS guidelines, EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. According to the ODG, EMG is Recommended (needle, not surface) as an option that may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG is not necessary if radiculopathy is already clinically obvious. The patient is diagnosed with lumbar strain with herniated disc and radiculopathy that is confirmed with MRI already. Therefore, the request is not medically necessary.

NCS of the bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -TWC Procedure Summary last updated 07/03/2014; regarding Nerve Conduction Studies

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, NCS

Decision rationale: The CA MTUS guidelines have not addressed the issue of dispute. According to ODG, Nerve conduction studies (NCS) is not recommended for radiculopathy. The patient is diagnosed with lumbar strain with herniated disc and radiculopathy that is confirmed with MRI already. As there is minimal justification for performing nerve conduction studies when a patient is presumed to have radiculopathy on the basis of symptoms and the MRI, the request is not medically necessary.