

Case Number:	CM14-0153403		
Date Assigned:	09/23/2014	Date of Injury:	08/04/2004
Decision Date:	10/28/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/19/2014

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 Orthopedic Spine Surgeon and is licensed to practice in Texas. 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 injured worker is a 51-year-old female who reported an injury on 08/04/2004. The mechanism of injury and medications were not provided. Prior therapies included epidural steroid injections. The surgical history included a Right Knee Arthroscopy and a Left Total Hip Arthroplasty. The documentation of 05/07/2014 revealed the injured worker had subjective complaints of low back pain, knee pain, and headaches. The injured worker had low back pain that was severe with radiation to the bilateral legs and bilateral hip pain that radiated to the bilateral legs. The injured worker had no improvement. Therapy was noted to not be helping. The objective findings revealed the injured worker had palpable tenderness in the lumbar spine, bilateral feet, and bilateral hips. The injured worker had spasms in the bilateral hips. The injured worker had decreased range of motion of the lumbar spine. The diagnoses included lumbar spine sprain and strain, status post right knee arthroscopy with subsequent in, 2 to 3 mm disc bulge L3-4, plantar fasciitis right foot, tendonitis bilateral feet, fracture healing fourth metatarsal left foot, reflex sympathetic dystrophy left lower extremity, osteoarthritis left hip, depression, anemia, and status post left total hip Arthroplasty. The documentation of 05/06/2014 revealed the injured worker had a second injection and did not feel improvement. The injured worker indicated she had gotten worse with constant radiculopathy down the bilateral legs. Medication was not helping. The treatment plan included a spinal neuro consultation. The injured worker had palpable tenderness to the lumbar spine and decreased range of motion with spasms, as well as a positive Milgram's. The injured worker had palpable tenderness to the bilateral hips, range of motion that was decreased, a positive Faber, and had palpable tenderness in the bilateral feet with decreased range of motion. The injured worker's subjective complaints were low back pain that was moderate to severe with radiation to the bilateral legs, posterior calves, no improvement, and therapy was helping. The injured worker had bilateral hip pain that was moderate and

therapy was helping. The injured worker had bilateral ankle and foot pain that was moderate and therapy was helping. The documentation of 06/17/2014 revealed the injured worker had locking in the right hip with severe pain. The treatment plan included the injured worker had increasing pain in the right hip and was not comfortable with a second opinion which was done at another facility. The request was made for another opinion from another surgeon. The injured worker had an x-ray of the right hip, which revealed the prosthesis was well located. Documentation of 07/22/2014 revealed the injured worker had bilateral hip pain with radiation to the bilateral legs. The injured worker had right groin pain with radiation to the lower right leg. The epidural injection did not help. The physical findings revealed palpable tenderness to the lumbar spine with decreased range of motion and spasms, and in the bilateral hips, the injured worker had palpable tenderness and decreased range of motion. The injured worker was noted to have a bilateral total hip Arthroplasty. The request was made for a second opinion, EMG, and NCS of the bilateral lower extremities and an interferential electrical stimulator (spinal cord stimulator). There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyography) Study of the Left Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 60-61. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter, EMG (Electromyography)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The American College of Occupational and Environmental Medicine states 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 clinical documentation submitted for review indicated the injured worker had complaints of radiating pain. There was no myotomal or dermatomal evaluation submitted for review. There was a lack of documentation of prior conservative care. Given the above, the request for EMG (Electromyography) study of the Left Lower Extremity is not medically necessary.

EMG (Electromyography) Study of the Right Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 60-61. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter, EMG (Electromyography)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The American College of Occupational and Environmental Medicine states 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 clinical documentation submitted for review indicated the injured worker had complaints of radiating pain. There was no myotomal or dermatomal evaluation submitted for review. There was a lack of documentation of prior conservative care. Given the above, the request for EMG (Electromyography) Study of the Right Lower Extremity is not medically necessary.

NCS (Nerve Conduction Study) of the left Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 60-61. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter, NCS (Nerve Conduction Study)

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 Chapter; Nerve Conduction Studies (NCS)

Decision rationale: The Official Disability Guidelines do not recommend NCS, as there is minimal justification for performing Nerve Conduction Studies when a patient is presumed to have symptoms based on radiculopathy. There was no documentation of peripheral neuropathy condition that exists in the bilateral lower extremities. There was no documentation specifically indicating the necessity for both an EMG and NCV. There was a lack of documented rationale to support the necessity for a nerve conduction study. Given the above, the request for NCS (Nerve Conduction Study) of the left lower extremity is not medically necessary.

NCS (Nerve Conduction Study) of the Right Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 60-61. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, NCS (Nerve Conduction Study)

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 Chapter, Nerve Conduction Studies (NCS)

Decision rationale: The Official Disability Guidelines do not recommend NCS as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. There was no documentation of peripheral neuropathy condition that exists in the bilateral lower extremities. There was no documentation specifically indicating the necessity for both an EMG and NCV. The clinical documentation submitted for review failed to provide findings to support a necessity for a nerve conduction study. Given the above, the request for NCS (Nerve Conduction Study) of the right lower extremity is not medically necessary.

Interferential Electrical Stimulator 2 Chan (Electrical Stimulator Spinal Cord): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, and Interferential Current Stimulat.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations, IDDS & SCS & Spinal Cord Stimulators, Spinal Cord Stimulators Page(s).

Decision rationale: The California Medical Treatment & Utilization Schedule Guidelines recommend psychological evaluations prior to a spinal cord stimulator trial. Spinal cord stimulators are recommended for selected injured workers in cases when less invasive procedures have failed or are contraindicated, and following a successful temporary trial. They are indicated for the treatment of complex regional pain syndrome and failed back syndrome. The clinical documentation submitted for review failed to indicate the injured worker had his psychological evaluation to support the necessity for a spinal cord stimulator. There was a lack of documented rationale. Given the above, the request for Interferential electrical stimulator 2 Chan (Electrical Stimulator Spinal Cord) is not medically necessary.

Orthopedic Surgeon Consultation, Second Opinion from a [REDACTED] Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, Chapter 7 Independent Medical Evaluations and Consultations

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) Chapter 6, Page 163

Decision rationale: The American College of Occupational and Environmental Medicine indicate that a consultation is appropriate to aid in assessing the diagnoses, prognosis, and therapeutic management, as well as determination of medical stability, and permanent residual loss or determination of medical stability. The clinical documentation submitted for review indicated the injured worker remained to have severe pain in the hip. The injured worker was not happy with the opinion she received and wished for a second opinion. The X-Ray of the right hip revealed the prosthesis was well located. There was a lack of documentation indicating the first orthopedic surgeon's notes to support the necessity for further intervention. Additionally, the request as submitted failed to indicate the type of Orthopedic Surgeon Consultation being requested. Additionally, there was a lack of documentation of the treating physician indicating a rationale for a secondary consultation. Given the above, the request for Orthopedic Surgeon Consultation, Second Opinion from a [REDACTED] Surgeon is not medically necessary.