MAXIMUS Federal Services

Case Number:	CM14-0166743		
Date Assigned:	10/13/2014	Date of Injury:	07/01/2008
Decision Date:	12/15/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/09/2014

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, has a subspecialty in Interventional Spine 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 46-year-old male with a date of injury of 07/01/2008. The listed diagnoses per [redacted] are: 1. Multilevel lumbar degenerative disk disease with 5- to 6-mm disk protrusion at L4-L5 and defect in the left lamina. This is a recurrent disk herniation per MRI of 05/14/2011.2. Left lower extremity radiculopathy with abnormal nerve conduction study of the lower extremities on 04/29/2011 consistent with bilateral L5-S1 lumbosacral radiculopathy.3. Depressive disorder secondary to chronic pain. According to progress report 09/03/2014, the patient presents with complaints of numbness and tingling affecting both lower extremities predominantly in the buttock and posterior thighs. He complains of weakness and muscle spasms. Physical examination of the lumbar spine revealed bilateral lumbar paraspinus tenderness from L3-S1 with mild palpable muscle spasm present. Range of motion of the lumbar spine was decreased, and there was a positive straight leg raise exam on the left at 30 degrees and right at 50 degrees. Sensory exam revealed hypoesthesia in the left thigh, foot, and calf in the L5 dermatome. Psychiatric reevaluation by the physician from 06/04/2014 stated that the patient has psychosocial stressors related to pain and physical limitations and noted GAF score as 60. The treater would like an updated MRI of the lumbar spine and an EMG/NCV study of the lower extremities. The treater is also requesting authorization for the patient to undergo Cognitive Behavior Therapy for 6 months as recommended by the physician in his PQME report performed on 06/04/2014. Utilization review denied the request on 09/24/2014. Treatment reports from 04/04/2014 through 09/03/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine;: Overturned

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

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 chapter, MRI

Decision rationale: This patient presents with chronic low back pain and lower extremity symptoms. The treater is requesting authorization for the patient to undergo an updated MRI of the lumbar spine as the patient has "not been seen for a year." For special diagnostics, ACOEM Guidelines page 303 states "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." For this patient's now chronic condition with radicular symptoms and weakness, ODG guidelines provide a good discussion. ODG under its low back chapter recommends obtaining an MRI for uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. Pre-operative MRI evaluation is also supported. Review of the medical file indicates the patient underwent a MRI of the lumbar spine on 05/14/2011 which shows significant recurrent disk herniation at L4-L5. Treater states the patient has continued pain, numbness, and weakness in the lower extremity and would like an updated MRI of the lumbar spine for possible surgical planning. In this case, pre-operative MRI for evaluation is supported. Recommendation is for approval.

EMG/NCV of the lower extremities;: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Electrodiagnostic Studies

Decision rationale: This patient presents with chronic low back pain with lower extremity symptoms. The treater is requesting an updated EMG/NCV study of the lower extremities. ACOEM Guidelines page 262 states that electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. However, ACOEM may apply to acute/subacute conditions. ODG guidelines has the following regarding EDX and Carpal Tunnel Syndrome, "Recommended in patients with clinical signs of CTS who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary." Review of the

medical file indicates the patient underwent an EMG/NCV on 04/29/2011 which was consistent with bilateral L5-S1 lumbosacral radiculopathy. The treater states that the patient's symptoms continue to progress, and he would like to "reevaluate prior to considering surgical options." In this case, a repeat EMG/NCV is not necessary as there are no new symptoms, or new neurologic findings and an MRI for pre-operative planning has been recommended. Recommendation is for denial.

Cognitive Behavioral Psychotherapy for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: This patient presents with chronic low back pain and lower extremity symptoms. [redacted] has given the patient a GAF score of 60 and has noted that the patient has depression. The request is for cognitive psychotherapy for 6 months. For cognitive behavioral therapy, the MTUS Guidelines page 23 recommends an initial trial of 3 to 4 psychotherapy treatments over 2 weeks and additional treatments for a total of 6 to 10 visits with documented functional improvement. MTUS Guidelines support psychological treatments for chronic pain, but the treater's request for 6 months of treatment exceeds what is recommended by MTUS. Recommendation is for denial.