

Case Number:	CM15-0014846		
Date Assigned:	02/02/2015	Date of Injury:	07/30/2013
Decision Date:	05/28/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male who sustained an industrial injury on 07/30/2013. Current diagnoses include status post lumbar fusion, lumbar post-laminectomy syndrome, and chronic pain syndrome. Previous treatments included medication management, lumbar fusion, lumbar brace, and physical therapy. Previous diagnostic studies include x-rays and MRI. Report dated 10/03/2014 noted that the injured worker presented with complaints that included slow improvement in pain following surgery, although still fairly uncomfortable, restlessness and discomfort in the left leg with walking. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included discussion of treatment options, refilled Valium and Percocet, and recheck in about two months. The physician noted that if symptoms do not considerably improve then a request for an updated EMG/NCV study and possible referral to pain management will be made. Disputed treatments include pain management consultation for the lumbar spine and back, EMG/NCV bilateral lower extremities, and MRI without contrast for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consultation for the Lumbar Spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Evaluation and Management (E&M) ODG-Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: The patient presents with low back pain radiating to lower extremities. The request is for PAIN MANAGEMENT CONSULTATION FOR THE LUMBAR SPINE. The request for authorization is not provided. The patient is status-post lumbar fusion, 08/19/14. MRI of the lumbar spine, 07/12/14, shows moderate narrowing of the right lateral recess, mild narrowing of the left lateral recess, severe right neural foraminal narrowing, and moderate left neural foraminal narrowing at the L5-S1 level. Physical examination of the lumbar spine reveals decreased range of motion. Slightly diminished sensation in the lower extremities that does not follow a clear dermatomal distribution bilaterally. He has positive straight leg raise sign on the right. He still describes some restlessness and discomfort in left leg with walking. He is still using a walker as he feels the left leg is still little bit weak. He has been wearing his brace as instructed. Patient's medications include Ibuprofen, Hydrocodone-Acetaminophen, Tizanidine, Percocet and Valium. Per progress report dated 07/18/14, the patient is on modified work. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "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." Per progress report dated 10/03/14, treater's reason for the request is "If he is still having considerable symptoms at that time, we may consider updated imaging and/or EMG study and possible referral to pain management." It would appear that the current treater feels uncomfortable with the patient's medical issues and has requested a neurological consultation. Given the patient's condition, the request for a consultation appears reasonable. Therefore, the request IS medically necessary.

EMG/NCV Bilateral Lower Extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back Chapter- electrodiagnostic studies (EMG) (NCS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back - Lumbar & Thoracic (Acute & Chronic)chapter, EMGs (electromyography)Low Back - Lumbar & Thoracic (Acute & Chronic)chapter, Nerve conduction studies (NCS).

Decision rationale: The patient presents with low back pain radiating to lower extremities. The request is for EMG/NCV BILATERAL LOWER EXTREMITIES. The request for authorization is not provided. The patient is status-post lumbar fusion, 08/19/14. MRI of the lumbar spine, 07/12/14, shows moderate narrowing of the right lateral recess, mild narrowing of the left lateral recess, severe right neural foraminal narrowing, and moderate left neural foraminal narrowing at

the L5-S1 level. Physical examination of the lumbar spine reveals decreased range of motion. Slightly diminished sensation in the lower extremities that does not follow a clear dermatomal distribution bilaterally. He has positive straight leg raise sign on the right. He still describes some restlessness and discomfort in left leg with walking. He is still using a walker as he feels the left leg is still little bit weak. He has been wearing his brace as instructed. Patient's medications include Ibuprofen, Hydrocodone-Acetaminophen, Tizanidine, Percocet and Valium. Per progress report dated 07/18/14, the patient is on modified work. ODG Guidelines, chapter 'Low Back Lumbar & Thoracic (Acute & Chronic)' and topic 'EMGs (electromyography)', state that EMG studies are "Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." ODG Guidelines, chapter 'Low Back Lumbar & Thoracic (Acute & Chronic)' and topic 'Nerve conduction studies (NCS)', states that NCV 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. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy." Per progress report dated 10/03/14, treater's reason for the request is "If he is still having considerable symptoms at that time, we may consider updated imaging and/or EMG study and possible referral to pain management." The patient continues with low back pain radiating to lower extremities. Given the patient's lower extremity symptoms, physical examination findings, and diagnoses, EMG/ NCV studies would appear reasonable. There is no evidence that this patient has had prior lower extremity EMG/NCV studies done. Therefore, the request IS medically necessary.

MRI without contrast for the Lumbar Spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - (ODG, Minnesota Rules, 5221.6100 PARAMETERS FOR MEDICAL IMAGING) Revised Determination 1/9/15.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, MRIs (magnetic resonance imaging).

Decision rationale: The patient presents with low back pain radiating to lower extremities. The request is for MRI WITHOUT CONTRAST FOR THE LUMBER SPINE. The request for authorization is not provided. The patient is status-post lumbar fusion, 08/19/14. MRI of the lumbar spine, 07/12/14, shows moderate narrowing of the right lateral recess, mild narrowing of the left lateral recess, severe right neural foraminal narrowing, and moderate left neural foraminal narrowing at the L5-S1 level. Physical examination of the lumbar spine reveals decreased range of motion. Slightly diminished sensation in the lower extremities that does not follow a clear dermatomal distribution bilaterally. He has positive straight leg raise sign on the right. He still describes some restlessness and discomfort in left leg with walking. He is still using a walker as he feels the left leg is still little bit weak. He has been wearing his brace as instructed. Patient's medications include Ibuprofen, Hydrocodone-Acetaminophen, Tizanidine,

Percocet and Valium. Per progress report dated 07/18/14, the patient is on modified work. ODG guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG guidelines further state the following regarding MRI's, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." Per progress report dated 10/03/14, treater's reason for the request is "If he is still having considerable symptoms at that time, we may consider updated imaging and/or EMG study and possible referral to pain management." For an updated or repeat MRI, the patient must be post-operative or present with a new injury, red flags such as infection, tumor, fracture or neurologic progression. In this case, the patient is status-post lumbar fusion surgery on 08/19/14. Therefore, the request IS medically necessary.