MAXIMUS Federal Services

Case Number:	CM15-0124438		
Date Assigned:	07/08/2015	Date of Injury:	12/14/2006
Decision Date:	08/05/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/29/2015

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 57-year-old female with an industrial injury dated 12/14/2006. Her diagnoses included chronic pain, lumbar radiculopathy, status post fusion - lumbar spine; status post left shoulder arthroscopy, status post spinal cord stimulator removal and status post hardware removal. Prior treatments included facet injection at cervical 5-7 with 20-50% overall improvement for 7 days. Other treatments were chiropractic therapy and medication, which she described as helpful. Documentation states the injured worker is to start acupuncture. She presents on 04/29/2015 with complaints of neck pain radiating down left upper extremity, bilaterally to the shoulders and left hand. She also complains of tingling frequently in the left upper extremity with muscle weakness. She also complained of back pain radiating down bilateral lower extremities to her feet. The pain was accompanied by numbness constantly in bilateral lower extremities. She rates the pain as 7-8/10 on average with medications and as 8-9/10 on average without medications. She reports limitations in activities of daily living. Physical examination noted spasm with tenderness in the cervical spine. Trigger points with twitch response were noted in the trapezius muscles bilaterally. Range of motion was limited due to pain. Sensory exam was intact in bilateral upper extremities. There was spasm and tenderness in the lumbar spine with limited range of motion secondary to pain. The request for one MRI of the lumbar spine was authorized. The treatment request for review is one EMG/NCV of the bilateral lower extremities, one EMG/NCV of the lumbar spine and one urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

One EMG/NCV of the lumbar spine: 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 12 Low Back Complaints Page(s): 309.

Decision rationale: Per Guidelines, NCS is not recommended as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Additionally, guidelines states Electrodiagnostic studies to include needle EMG is recommended where a CT or MRI is equivocal and there are ongoing pain complaints that raise questions about whether there may be a neurological compromise that may be identifiable (i.e., leg symptoms consistent with radiculopathy, spinal stenosis, peripheral neuropathy, etc.). However, the patient already had an MRI of the lumbar spine showing disc protrusion resulting in stenosis and nerve compromise along with clinical neurological deficits consistent with lumbar radiculopathy to support for multiple previously treatment to include s/p surgery, negating any medical necessity for diagnostic EMG without new injury, acute flare or progressive neurological deficits. The One EMG/NCV of the lumbar spine is not medically necessary and appropriate.

One EMG/NCV of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53, 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: Per Guidelines, NCS is not recommended as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Additionally, guidelines states Electrodiagnostic studies to include needle EMG is recommended where a CT or MRI is equivocal and there are ongoing pain complaints that raise questions about whether there may be a neurological compromise that may be identifiable (i.e., leg symptoms consistent with radiculopathy, spinal stenosis, peripheral neuropathy, etc.). However, the patient already had an MRI of the lumbar spine showing disc protrusion resulting in stenosis and nerve compromise along with clinical neurological deficits consistent with lumbar radiculopathy to support for multiple previously treatment to include s/p surgery, negating any medical necessity for diagnostic EMG without new injury, acute flare or progressive neurological deficits. The One EMG/NCV of the bilateral lower extremities is not medically necessary and appropriate.

One urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (chronic): Urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid for this chronic injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The One urine drug screen is not medically necessary and appropriate.