

Case Number:	CM15-0125675		
Date Assigned:	07/10/2015	Date of Injury:	05/07/2013
Decision Date:	09/24/2015	UR Denial Date:	05/29/2015
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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 7, 2013. In a Utilization Review report dated May 29, 2015, the claims administrator failed to approve requests for a surgical consultation of the spine, electrodiagnostic testing of bilateral lower extremities and a pain management referral. The claims administrator did however approve lumbar MRI imaging. The claims administrator referenced a May 4, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On July 30, 2015, the applicant reported ongoing complaints of moderate to severe low back pain radiating to the right leg, 9/10. Pain medications were waning in efficacy, it was reported. The applicant was using a walker to move about and exhibited a very antalgic gait with a guarded posture. The applicant was asked to consult a spine specialist. A Toradol injection was endorsed. Percocet and Soma were prescribed. The applicant was given a rather proscriptive 5-pound lifting limitation. It was not clearly stated whether the applicant was or was not working with said limitation in place, although this did not appear to be the case. Lumbar MRI imaging dated June 19, 2015 was notable for a 4-mm extrusion at L4-L5 intervertebral disk with associated indentation upon the thecal sac. A 5-mm disk bulge at L5-S1 with associated thecal sac indentation was appreciated. On June 19, 2015, the applicant reported flares of low back pain radiating to bilateral lower extremities. The attending provider suggested that the applicant pursue a spine surgery consultation to determine whether the applicant was a candidate for surgical intervention. A pain management referral was sought to optimize the applicant's medication profile. The same, unchanged 5-pound lifting limitation

was endorsed. Once again, it was not clearly stated whether the applicant was or was not working with said limitation in place, although this did not appear to be the case. A Toradol injection was administered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical consultation with spine specialist QTY: 1. 00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

Decision rationale: Conversely, the request for a surgical consultation with a spine specialist was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 306, when surgery is a consideration, counseling regarding outcomes, risks, benefits, and expectations is "very important." Here, the attending provider did state on June 19, 2015 that the applicant had failed two years of conservative treatment in the form of time, medications, observation, etc. The attending provider suggested that the applicant pursue a spine surgery consultation because earlier conservative treatment had failed and that he believed the applicant had a radiographic evidence of a lesion amenable to surgical correction. Therefore, the request was medically necessary.

EMG of the right lower extremity QTY: 1. 00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, EMGs (electromyography).

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

Decision rationale: No, the request for EMG testing of the right lower extremity was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, EMG testing is deemed "not recommended" for applicants who carry a diagnosis of clinically obvious radiculopathy. Here, the applicant was described as having a clinically-evident, radiographically-confirmed lumbar radiculopathy, it was reported on several occasions, including on progress notes of June 4, 2015 and June 19, 2015, at which point the treating provider contended that the disk protrusions at L4-L5 and L5-S1 were clinically significant and were the source of the applicant's ongoing radicular pain complaints. The applicant's clinically-evident, radiographically-confirmed lumbar radiculopathy, thus, effectively obviated the need for the EMG testing in question. Therefore, the request was not medically necessary.

EMG of the left lower extremity, QTY: 1. 00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, EMGs (electromyography).

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

Decision rationale: Conversely, the request for a surgical consultation with a spine specialist was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 306, when surgery is a consideration, counseling regarding outcomes, risks, benefits, and expectations is "very important." Here, the attending provider did state on June 19, 2015 that the applicant had failed two years of conservative treatment in the form of time, medications, observation, etc. The attending provider suggested that the applicant pursue a spine surgery consultation because earlier conservative treatment had failed and that he believed the applicant had a radiographic evidence of a lesion amenable to surgical correction. Therefore, the request was medically necessary.

NCS of the right lower extremity QTY: 1. 00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Nerve Conduction Studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed. , Chronic Pain, pg 8484. Recommendation: Nerve Conduction Studies for Diagnosing Peripheral Systemic Neuropathy Nerve conduction studies are recommended when there is a peripheral systemic neuropathy that is either of uncertain cause or a necessity to document extent. Indications - Occupational toxic neuropathies, particularly if there is a concern about confounding or alternate explanatory conditions such as diabetes mellitus. Strength of Evidence - Recommended, Insufficient Evidence (I).

Decision rationale: Similarly, the request for nerve conduction testing of the right lower extremity was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377, electrical studies (AKA nerve conduction testing) are deemed "not recommended" in the absence of clinical evidence of tarsal tunnel syndrome or other entrapment neuropathy. Here, however, there is no mention of the applicant is having issues with tarsal tunnel syndrome or other focal entrapment neuropathy. While the Third Edition ACOEM Guidelines do support nerve conduction testing when there is suspicion of a peripheral systemic neuropathy of uncertain cause, here, however, there is no mention of the applicant's having suspected systemic neuropathy. There was no mention or suspicion of the applicant's carrying a superimposed diagnosis or disease process such as diabetes mellitus, hypothyroidism, alcoholism, hepatitis, etc., which would have heightened the applicant's predisposition toward development of a generalized peripheral neuropathy. Therefore, the request was not medically necessary.

NCS of the left lower extremity QTY: 1. 00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Nerve Conduction Studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed. , Chronic Pain, pg 8484. Recommendation: Nerve Conduction Studies for Diagnosing Peripheral Systemic Neuropathy Nerve conduction studies are recommended when there is a peripheral systemic neuropathy that is either of uncertain cause or a necessity to document extent. Indications - Occupational toxic neuropathies, particularly if there is a concern about confounding or alternate explanatory conditions such as diabetes mellitus. Strength of Evidence - Recommended, Insufficient Evidence (I).

Decision rationale: Similarly, the request for nerve conduction testing of the left lower extremity was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377, electrical studies (AKA nerve conduction testing) is deemed "not recommended" in the absence of clinical evidence of tarsal tunnel syndrome or other entrapment neuropathy. Here, however, there is no mention of the applicant's carrying a diagnosis of tarsal tunnel syndrome or entrapment neuropathy. Lumbar radiculopathy appeared to be the sole item on the differential diagnosis list. While the Third Edition ACOEM Guidelines Chronic Pain Chapter does acknowledge that nerve conduction testing is recommended when there is suspicion of a peripheral systemic neuropathy of uncertain cause, here, however, again, there is no mention or suspicion of the applicant is carrying a diagnosis of generalized peripheral neuropathy, diabetic neuropathy, hypothyroidism- induced neuropathy, etc., on or around the date in question. Therefore, the request was not medically necessary.

Referral to pain management QTY: 1. 00: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1.

Decision rationale: Finally, the request for pain management referral was medically necessary, medically appropriate, and indicated here. As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints, which prove recalcitrant to conservative management, should lead the practitioner to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. Here, the applicant was seemingly off work. Severe pain complaints were reported on multiple office visits of June 2015. The applicant was using a variety of opioid and non-opioid agents, including Percocet, Soma, etc., it was reported on July 13, 2015. Obtaining the added expertise of a pain management physician was, thus, indicated on several levels, including potentially for medication management purposes. Therefore, the request was medically necessary.