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| Case Number: | CM15-0126836 | | |
| Date Assigned: | 07/13/2015 | Date of Injury: | 05/13/2014 |
| Decision Date: | 08/12/2015 | UR Denial Date: | 06/05/2015 |
| Priority: | Standard | Application Received: | 07/01/2015 |

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: 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 injured worker is a 59 year old male, who sustained an industrial injury on 5/13/2014. Diagnoses include degenerative disc disease lumbar spine, degenerative disc disease cervical spine, rule out rheumatoid disease, rule out neurologic toxicity, lower back pain and chronic pain. Treatment to date has included diagnostics, work restrictions, and medications. Per the Primary Treating Physician's Progress Report dated 4/20/2015, the injured worker reported lower back pain with numbness in the bilateral thighs laterally and tingling in the toes, right greater than left. Physical examination revealed gait within normal limits, he was unable to flex forward. Work status was temporarily totally disabled. The plan of care included specialist consultations and diagnostic testing and authorization was requested for a Pain Management consultation, rheumatoid screen, Neurology consultation to include EMG (electromyography)/NCV (nerve conduction studies) of the lower extremities, and a consultation to rule out autoimmune disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurology consult to include EMG/NCV of the lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Independent Medical Examinations and Consultations, Page 132.

Decision rationale: According to the MTUS, the occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. According to the Official Disability Guidelines, nerve conduction 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. Neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. EMG's are recommended as an option and 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. The original reviewer modified the request to accept the claim for the neurology consult and deny the claim for the EMG/NCV of the lower extremities. Neurology consult to include EMG/NCV of the lower extremities is not medically necessary.

Rheumatoid screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/22956589>.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: The ACOEM Practice Guidelines do not recommend routine laboratory testing as a technique to identify or define low back pathology except in cases where cancer is suspected as the pain generator or cause of symptoms. There is no documentation of the intended indication for the lab. There is no documentation of how the results may change the treatment plan. The patient is scheduled for a rheumatology consult that was previously authorized. The specialist should be responsible for ordering testing in his/her area. Rheumatoid screen is not medically necessary.