

Case Number:	CM15-0043433		
Date Assigned:	03/13/2015	Date of Injury:	04/21/2012
Decision Date:	05/07/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/09/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 male, who sustained an industrial injury on April 21, 2012. The injured worker had reported a low back injury. The diagnoses have included lumbar spine degenerative disc disease and chronic pain in the lower back. Treatment to date has included medications, radiological studies, physical therapy and medial branch blocks. Current documentation dated January 19, 2015 notes that the injured worker complained of left-sided mid and low back pain extending to the right hip and leg to the knee. He also reported numbness involving the bilateral feet. Physical examination of the lumbar spine revealed tenderness, spasms of the paraspinal muscles and a decreased range of motion. There was pain in the lower back with a supine straight leg raise. The injured workers last lumbar MRI was noted to be three years prior. The treating physician's recommended plan of care included an electromyography /nerve conduction velocity study of the lower extremities, MRI of the lumbar spine, random complete metabolic panels times six and a Urine Drug Screening times six.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient EMG/NCV- low extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 177-179.

Decision rationale: The California MTUS/ACOEM Guidelines state that electromyography and nerve conduction velocities, including H-reflex tests, may help identify subtle, focal neurologic dysfunction in patients with leg problems lasting more than 3 to 4 weeks. The ODG further state that nerve conduction studies are recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when this patient is already presumed to have symptoms on the basis of radiculopathy. Medical necessity for the requested diagnostic EMG/NCV of bilateral lower extremities has not been established. The requested studies are not medically necessary.

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MRI of the lumbar spine Page(s): 304.

Decision rationale: According to California MTUS Guidelines, MRI of the lumbar spine is recommended to evaluate for evidence of cauda equina, tumor, infection, or fracture when plain films are negative and neurologic abnormalities are present on physical exam. In this case, there is no indication for a repeat MRI of the lumbar spine. The documentation indicates that the claimant had an MRI of the lumbar spine in 3/2012. There are no subjective complaints of increased back pain, increase in radiculopathy, bowel or bladder incontinence, and there are no new neurologic findings on physical exam. Therefore, there is no specific indication for a repeat MRI of the lumbar spine. Medical necessity for the requested MRI has not been established. The requested imaging is not medically necessary.

Random CMP x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lab monitoring.

Decision rationale: CA MTUS recommends periodic laboratory monitoring for patients taking long-term NSAIDs to assess hepatic and renal function. In this case, the patient is maintained on opiates with acetaminophen. There is no specific indication for obtaining a comprehensive

metabolic profile testing x 6. Medical necessity for the requested service is not established. The requested service is not medically necessary.

Urine drug testing x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Test.

Decision rationale: According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, previous urine drug testing has not been documented to determine the frequency of the testing being performed or claimant risk level. Medical necessity for the requested urine drug tests x 6 has not been established. The requested UDTs are not medically necessary.