

Case Number:	CM14-0149715		
Date Assigned:	09/18/2014	Date of Injury:	08/24/1989
Decision Date:	10/23/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/15/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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] employee, who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 24, 1989. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy; epidural steroid injection therapy; various interventional spine procedures; and multilevel lumbar fusion surgery at L4-L5, L5-S1. In a Utilization Review Report dated August 20, 2014, the claims administrator denied a request for electrodiagnostic testing of bilateral lower extremities and denied a request for lumbar MRI. The applicant's attorney subsequently appealed. In an August 6, 2014 progress note, the applicant reported persistent complaints of low back pain. The attending provider stated that he suspected disk degeneration and/or breakdown. Electrodiagnostic testing of bilateral lower extremities was sought owing to increasing numbness along with updated MRI of the lumbar spine. The applicant's work status was not provided. In a July 2, 2014, progress note, the applicant was described as reporting persistent complaints of low back pain. The applicant had recently visited the emergency department owing to flare of the same, it was stated. X-rays demonstrated solid fusion at L4-L5 and L5-S1. The applicant did apparently visit the emergency department on June 24, 2014, it was incidentally noted. The applicant was in fact given a Toradol injection. The applicant's past medical history was reportedly notable for arthritis and herpes, it was stated. The applicant was using Ultram and acyclovir, the emergentologist noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG) of the lower extremities: Upheld

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

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, table 12-8, page 309, EMG testing is deemed "not recommended" for applicants with a clinically obvious radiculopathy. In this case, the applicant does, in fact, have a clinically obvious radiculopathy following earlier failed lumbar spine surgery. The EMG testing in question, thus, is superfluous as the applicant already carries a diagnosis of proven lumbar radiculopathy status post earlier lumbar spine surgery. Therefore, the request is not medically necessary.

Nerve conduction velocity (NCV) exam of the bilateral lower extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, table 14-6, page 377, electrical studies are deemed "not recommended" for routine foot or ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies. In this case, the applicant's ongoing low back and leg issues are, in fact, a function of known lumbar radiculopathy. There was no mention or suspicion of any issues associated with a lower extremity peripheral neuropathy, tarsal tunnel syndrome, entrapment neuropathy, etc., which would compel the nerve conduction testing in question. It is further noted that the applicant did not carry a systemic diagnosis such as diabetes, alcoholism, etc., which might predispose toward development of lower extremity peripheral neuropathy. Therefore, the request is not medically necessary.

MRI of the lumbar spine without contrast: 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 (ODG), Low Back Chapter, MRI's

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, table 12-8, page 309, MRI imaging is "recommended" as a test of choice for applicants who have had prior back surgery. In this case, the applicant has, in fact, had prior lumbar spine surgery. The

applicant is now reporting heightened axial and radicular complaints. The attending provider stated that he suspected adjacent segment disease or disk degeneration as a source of the applicant's worsening radicular and axial complaints. MRI imaging to further evaluate is therefore indicated. Accordingly, the request is medically necessary.