

Case Number:	CM13-0014136		
Date Assigned:	11/06/2013	Date of Injury:	08/06/2010
Decision Date:	01/17/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Ohio and Texas. 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 physician 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 patient is a 49-year-old male who reported an injury on 08/06/2010 when he is reported to have been throwing cardboard into a baling machine when he experienced severe pain and burning in his low back radiating into his mid back. The patient is noted to have reported that his low back pain initially started on 03/23/2010 when he was performing stacking a large order which required continuous and repetitive twisting, turning, and lifting. An MRI of the lumbar spine performed on 03/17/2011 noted findings of a posterior annular tear of the L3-4 disc with a 2 to 3 mm disc bulge resulting in mild left and mild to moderate right neural foraminal narrowing in conjunction with facet hypertrophy; posterior annular tear at L4-5 with a 2 to 3 mm posterior disc bulge resulting in mild left and moderate to severe right neural foraminal narrowing in conjunction with joint hypertrophy; at L5-S1, mild to moderate neural foraminal narrowing secondary to a 1 to 2 mm posterior bulge and facet joint hypertrophy. Electrodiagnostic studies performed on 10/18/2010 noted findings of an asymptomatic moderate left peroneal nerve neuropathy at the ankle and right lower extremity nerve conduction studies were within normal limits. A repeat MRI of the lumbar spine performed on 05/15/2013 noted mild spondylosis at L3-4 and L4-5 with a 3 mm disc protrusion at L3-4 with indentation and impingement of the anterior thecal sac and posterior displacement and stretching of the posterior longitudinal ligament; and at L4-5, a 1 to 2 mm posterior L4-5 disc bulge was noted. The patient was seen by [REDACTED] on 06/04/2013 for ongoing complaints of low back pain with radiation of pain into his hips, groin, and testicles as well as his legs, more on the left which he rated 7/10 to 9/10. The patient is noted on physical exam to have an antalgic gait, to ambulate with a cane, to have tenderness over the iliolumbar region bilaterally, and pain with range of motion. His active range of motion was noted to be li

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral lower extremities:

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The patient is a 49-year-old male who reported an injury to his low back on 08/06/2010. He is reported to complain of ongoing low back pain with radiation of pain to his hips, groin, and testicles as well as his legs, more so on the left. He is noted on physical exam to have an antalgic gait, decreased range of motion of the lumbar spine with pain, tenderness to palpation over the lumbar paraspinal region, decreased strength of the bilateral lower extremities at 4/5, and a diminished left patellar deep tendon reflexes with decreased sensation in the L4 and L5 distribution. The California MTUS guidelines recommend electrodiagnostic studies when neurological exam is not clear. As the patient is noted to have positive findings on physical exam of neurological deficits, the need for electrodiagnostic studies is not established. As such, the requested EMG/NCV of the bilateral lower extremities is non-certified.

MRI lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The patient is a 49-year-old male who reported an injury to his low back on 08/06/2010. He is reported to complain of ongoing low back pain with radiation of pain to his hips, groin, and testicles as well as his legs, more so on the left. He is noted on physical exam to have an antalgic gait, decreased range of motion of the lumbar spine with pain, tenderness to palpation over the lumbar paraspinal region, decreased strength of the bilateral lower extremities at 4/5, and a diminished left patellar deep tendon reflexes with decreased sensation in the L4 and L5 distribution. A request was submitted for a repeat MRI of the lumbar spine. However, a repeat MRI of the lumbar spine was performed on 05/13/2013 ordered by [REDACTED] and read by [REDACTED] who reported lumbar muscular spasms, mild spondylosis at L3-4 and L4-5, a 3 mm posterior disc protrusion at L3-4 caused indenting and impinging the thecal sac with posterior displacement and stretching of the longitudinal ligament at L3-4 and a 2 to 3 mm posterior disc bulge at L4-5. A previous MRI was performed on 05/13/2013; the need for a repeat MRI at this time is not established. Based on the above, the requested MRI of the lumbar spine is non-certified.

