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| Case Number: | CM13-0014238 | | |
| Date Assigned: | 12/11/2013 | Date of Injury: | 02/11/2013 |
| Decision Date: | 01/29/2014 | UR Denial Date: | 07/29/2013 |
| 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, has a subspecialty in Interventional Spine 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 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.

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 62-year-old with a date of injury on 2/11/13. The progress report, dated 7/23/13 by [REDACTED], noted that the patient's diagnoses included: sciatica, knee sprain/strain. The patient presented with complaints of radiating pain from the lower back into the right lower extremity with symptoms of burning tingling and numbness for the past two years. Exam findings include tenderness to the lumbar spine and tenderness at the right knee. A request was made for an MRI of the lumbar spine and EMG/NCS study of the lower extremities to rule out radiculopathy. The progress report dated 4/10/13 by [REDACTED] noted that the patient underwent lumbar spine x-rays which showed spinal bifida and grade 1 spondylolisthesis with severe L5 - S1 lumbar degenerative disc disease. Exam findings included positive tension signs and straight leg raise test. [REDACTED] recommended a lumbar spine MRI and consideration for an epidural injection, if lumbar radiculopathy is substantiated by the MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Overturned

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): 303. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The progress report, dated 7/23/13 by [REDACTED], noted that the patient's diagnoses included: sciatica, knee sprain/strain. The patient presented with complaints of radiating pain from the lower back into the right lower extremity with symptoms of burning tingling and numbness for the past two years. Exam findings include tenderness to the lumbar spine and tenderness at the right knee. A request was made for MRI of the lumbar spine and EMG/NCS study of the lower extremities to rule out radiculopathy. The progress report dated 4/10/13 by [REDACTED] noted that the patient underwent lumbar spine x-rays which showed spina bifida and grade 1 spondylolisthesis with severe L5 - S1 lumbar degenerative disc disease. Exam findings included positive tension signs and straight leg raise test. [REDACTED] recommended a lumbar spine MRI. ACOEM (page 303) guidelines state, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. ODG guidelines recommend an MRI in cases of uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. According to the records, it does not appear that the patient has had a prior MRI of the lumbar spine. The request for an MRI of the lumbar spine is medically necessary and appropriate.

EMG/NCV (electromyogram/nerve conduction velocity test) 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 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The progress report, dated 7/23/13 by [REDACTED], noted that the patient's diagnoses included: sciatica, knee sprain/strain. The patient presented with complaints of radiating pain from the lower back into the right lower extremity with symptoms of burning tingling and numbness for the past two years. Exam findings include tenderness to the lumbar spine and tenderness at the right knee. A request was made for an EMG/NCV study of the lower extremities to rule out radiculopathy. The ACOEM does not support NCV for low back and leg symptoms. It supports EMG with H-reflex testing only. NCV can be helpful in differentiating peripheral neuropathies or myopathies, but these concerns are not mentioned by the treater. The request for an EMG/NCV of the bilateral lower extremities is not medically necessary or appropriate.