

Case Number:	CM13-0014591		
Date Assigned:	10/07/2013	Date of Injury:	12/01/2010
Decision Date:	04/01/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/22/2013

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 & Rehabilitation and is licensed to practice in 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 46-year-old injured worker who reported an injury on 12/01/2010 after a slip and fall. The clinical documentation submitted for review does indicate that the patient underwent electrodiagnostic studies in 2012 that did not reveal any abnormal findings. Additionally, the patient underwent an MRI of the lumbar spine in 2012 that documented the patient had a disc bulge at the L3-4 and L4-5 and L5-S1 level with L4-5 exiting nerve root compromise. The patient's most recent clinical examination findings document that the patient had decreased range of motion of the lumbar spine, a left sided positive straight leg raising test and decreased sensation in the left L4, L5, and S1 dermatomes. The patient's diagnoses included L4-5 and L5-S1 annular tears with disc herniations and left lower extremity radiculopathy, left hip tendinitis/bursitis, and right olecranon bursitis. The patient's treatment plan included an MRI and electrodiagnostic studies.

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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRI.

Decision rationale: The Official Disability Guidelines (ODG) do not recommend repeat imaging unless there is a significant change in the patient's clinical presentation to support progressive neurological deficits or a change in pathology. The clinical documentation submitted for review does provide evidence that the patient has radicular complaints. Also, the physician indicates that surgical intervention is being planned and a recent MRI would be supported given the prior MRI revealed nerve root involvement at L4-L5 and the patient has decreased sensation in the S1 dermatome. A repeat MRI of the lumbar spine would be indicated in order to appropriately plan possible surgical interventions. The request for an MRI of the lumbar spine is medically necessary and appropriate.

EMG of the bilateral lower extremities: 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): 303-305.

Decision rationale: The ACOEM Guidelines states electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting longer than three or four weeks. The clinical documentation submitted for review does provide evidence that the patient has radiculopathy. It is documented that the patient has disturbed sensation in the L4, L5, and S1 dermatomes with a positive left sided straight leg raising test. Although it is noted within the documentation that the patient previously underwent an electrodiagnostic study that was negative for radiculopathy, the patient's pain has worsened and the physician is planning a possible surgical intervention. Given the prior EMG was within normal limits and the patient has worsening of pain with neurological deficits, a repeat EMG would be supported in an effort to help isolate which nerve and muscle are abnormal to help guide any possible surgical procedures. The request for a EMG of the bilateral lower extremities is medically necessary and appropriate

NCV 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): 303-305.

Decision rationale: The ACOEM Guidelines recommends electrodiagnostic studies when radiculopathy is not clearly evident upon physical examination. The clinical documentation submitted for review does provide evidence that the patient has radiculopathy. It is documented

that the patient has disturbed sensation in the L4, L5, and S1 dermatomes with a positive left sided straight leg raising test. Although it is noted within the documentation that the patient previously underwent an electrodiagnostic study that was negative for radiculopathy, the clinical documentation does not clearly identify how an additional nerve conduction velocity study would contribute to the patient's treatment plan, as the patient's radiculopathy is evident on physical examination and an imaging study. The request for a NCV of the bilateral lower extremities is not medically necessary and appropriate