

Case Number:	CM13-0016184		
Date Assigned:	10/11/2013	Date of Injury:	05/05/2011
Decision Date:	01/27/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	08/26/2013

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 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. 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 45-year-old male who reported a work related injury on 5/5/11; the specific mechanism of injury was not stated. Subsequently, the patient seeks treatment for significant back pain and bilateral lower extremity pain with numbness. The clinical notes document that the patient last had an MRI of the lumbar spine in July 2011, and electrodiagnostic studies of the bilateral lower extremities in February 2012 which revealed a right acute L5 radiculopathy, possible left lumbar radiculopathy of undetermined level. The clinical notes document the patient underwent a qualified medical evaluation (QME) on 7/30/13. The provider recommends for the patient to undergo a current MRI of the lumbar spine as well as a repeat electrodiagnostic study of the bilateral lower extremities to compare with the prior electrodiagnostic studies. The provider documents if the patient's primary treating physician recommends surgical interventions it should be undertaken immediately and without delay; if the primary treating provider does not recommend surgical interventions, ongoing medication, repeat lumbar epidural steroid injections, and a spinal cord stimulator trial with permanent implantation would be supported. The patient continues with ongoing moderate tenderness over the low back and SI joint, and sacrosciatic notches to palpation. The patient's sensation was diminished in the S1 dermatomes in 2012, but currently the patient has normal sensation at L2 through S1. The patient's motor strength was still 4/5 in the L5-S1 innervated muscles. The patient demonstrated an antalgic tandem gait. Lumbar spine range of motion was 15 degrees extension, 60 degrees flexion, 45 degrees rotation, and lateral bending of 45 degrees

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar MRI without contrast: Overturned

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

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

Decision rationale: The clinical documentation submitted for review evidences that the patient continues to present with moderate complaints of lumbar spine pain and exhaustion of all lower levels of conservative treatment for his lumbar spine status post a work related injury sustained in May 2011. The patient has been recommended to undergo surgical interventions about the lumbar spine. The recommended MRI of the lumbar spine is indicated, as the patient is a surgical candidate and has not undergone an MRI of the lumbar spine since 2011. An up to date imaging of the patient's lumbar spine is necessary at this point in the patient's treatment to assess for surgical planning. California MTUS/ACOEM Guidelines indicate, "Physiologic evidence may be in the form of definitive neurological findings on physical examination, electrodiagnostic studies, laboratory test, or bone scans." Given all of the above, the request for lumbar MRI without contrast is medically necessary and appropriate.

EMG of the lower extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-304.

Decision rationale: Although the clinical notes document that the patient is a surgical candidate for his left spine pain complaints, the request for electrodiagnostic studies of the patient's bilateral lower extremities are not necessary at this point in the patient's treatment. The patient has been recommended to undergo surgical interventions to the lumbar spine; therefore, imaging of the patient's lumbar spine is supported and indicated, but repeat electrodiagnostic studies are not. The patient last underwent electrodiagnostic studies in 2012, which revealed a right acute L5 radiculopathy and possible left. Given that the patient is a surgical candidate due to continued chronic lumbar spine pain complaints and with electrodiagnostic evidence of an acute L5 radiculopathy, further diagnostic studies of the patient's bilateral lower extremities are not indicated. Given all of the above, the request for EMG of the lower extremities is not medically necessary or appropriate

NCS of the lower extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-304.

Decision rationale: Although the clinical notes document that the patient is a surgical candidate for his left spine pain complaints, the request for electrodiagnostic studies of the patient's bilateral lower extremities are not necessary at this point in the patient's treatment. The patient has been recommended to undergo surgical interventions to the lumbar spine; therefore, imaging of the patient's lumbar spine is supported and indicated, but repeat electrodiagnostic studies are not. The patient last underwent electrodiagnostic studies in 2012, which revealed a right acute L5 radiculopathy and possible left. Given that the patient is a surgical candidate due to continued chronic lumbar spine pain complaints and with electrodiagnostic evidence of an acute L5 radiculopathy, further diagnostic studies of the patient's bilateral lower extremities are not indicated. Given all of the above, the request for NCS of the lower extremities is not medically necessary or appropriate.