

Case Number:	CM13-0017245		
Date Assigned:	10/11/2013	Date of Injury:	05/30/2011
Decision Date:	01/16/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/27/2013

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 Pain 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 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 injured worker is a 43 year old male who originally sustained an industrial injury while pushing a water pallet and lower back "popped." The patient has had L5-S1 decompression and fusion in January 2012. An EMG performed on 3/27/13 indicates that no radiculopathy was demonstrated, but the electromyographer questioned whether technical factors such as body habitus interfered with these results as sensory nerve responses were unable to be elicited. A recent progress note with date of service 9/9/13 indicates that the patient continues to experience significant low back pain, that is "severe" and "aching." There is radiation of the pain into the left leg with associated "pins and needles." There is documentation of this leg "giving out" in the subjective section. In the objective section, there is notation that the patient requires a cane to ambulate, with decreased range of motion, pain on palpation, and pain on motion. In a note dated 7/25/13, the physical examination shows diminished reflex at the left ankle, and decreased sensation in the left leg whereas it is normal on the right. The patient is able to raise his toe with difficulty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient lumbar MRI: 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): 303-304, Chronic Pain Treatment Guidelines Page(s): 6.

Decision rationale: In this injured worker, the recent progress notes from dates of service 9/9/13 and 8/7/13, did not document unequivocal objective findings that identified specific nerve compromise. The note from 7/25/13 did document diminished reflex at the left ankle, and decreased sensation in the left leg whereas it is normal on the right. The patient is able to raise his toe with difficulty. A full motor examination of all myotomes is not included in this note. It is unclear whether these sensory and reflex abnormal findings are new or chronic. The ACOEM guidelines in this case would specify for more objective testing of nerve dysfunction prior to lumbar MRI, but this has been carried out in an EMG on 3/27/13. The results of this EMG are discussed in the consult note on 7/25/13, and it indicate that no radiculopathy was demonstrated, but the electromyographer questioned whether technical factors such as body habitus interfered with these results as sensory nerve responses were unable to be elicited. Without normal sensory nerve action potentials, lumbar radiculopathy cannot be ruled in. Thus the electrodiagnostic studies was inconclusive, and in this specific case, given the neurologic findings of sensory deficit, gait abnormality, diminished reflex, and a lumbar MRI is warranted. This request is recommended for certification.