

Case Number:	CM13-0017336		
Date Assigned:	10/11/2013	Date of Injury:	08/03/2011
Decision Date:	01/27/2014	UR Denial Date:	08/23/2013
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 Orthopedic Surgery, 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 40-year-old gentleman who was injured on 8/3/11, sustaining injury to the low back. The clinical records include documentation of a prior surgical report from 4/5/12, indicating the claimant underwent a left sided L5-S1 discectomy and decompression. Also available for review is a postoperative MRI report dated 10/22/12 showing the L5-S1 interspace to be with a mild posterior disc protrusion with bilateral foraminal stenosis; central stenosis and/or further findings were not noted. The most recent clinical progress report for review is a 9/10/13 assessment with [REDACTED], indicating continued subjective complaints of low back pain for which he is being treated with chronic narcotic medication. Objectively, there is noted to be tenderness over the midline musculature with spasm, restricted range of motion, a positive left sided straight leg raise, and no other documented neurologic findings. It states the claimant is being referred to [REDACTED]; that referral has been authorized. It states, however, that the physician would not see the claimant without repeat MRI and nerve conduction testing. Therefore, repeat electrodiagnostic studies and MRI of the lumbar spine are being recommended as well as continuation of medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for an EMG of the bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: While EMG studies can be useful to help identify several neurologic dysfunctions in patients with low back symptoms lasting more than three to four weeks, the claimant's recent physical examination demonstrates no significant change in symptoms or acute neurologic process for which repeat testing would be indicated. While it is noted that the claimant is being referred to another physician who states that the tests need to be performed prior to him assessing the claimant, this reason alone would not be sufficient to establish a necessity for further testing.

The request for NCV testing of the bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: Electrodiagnostic studies cannot be indicated for focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. The claimant's recent physical examination fails to demonstrate acute neurologic finding or process, for which further testing or imaging would be supported. This specific request would not be indicated at present.

The request for an MRI of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 287.

Decision rationale: While guideline criteria would recommend the MRI scan if an unequivocal evidence of focal neurologic deficit was noted on examination, it needs to be takes into account that the claimant's examination is stable with no indication of acute neurologic process. Also, the claimant already had an MRI scan performed in the postoperative setting. Absence of documentation of advancement of physical examination findings from a radicular point of view would fail to necessitate further imaging at this stage in the claimant's clinical course of care.