

Case Number:	CM13-0021224		
Date Assigned:	10/11/2013	Date of Injury:	01/19/2001
Decision Date:	01/29/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	09/06/2013

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 64 year old injured worker with a date of injury of 1/19/01. Exam note from 1/25/13 demonstrates low back pain with radiation to hips. Physical examination demonstrates reduced range of motion of the lumbar spine. Neurologic examination is normal. Exam note 7/12/13 demonstrates decreased strength without documentation of specific nerve root innervated musculature. A MRI of the lumbar spine on 7/19/10 demonstrates disc extrusion with cranial migration at the L5/S1 level.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LOW BACK CHAPTER.

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

Decision rationale: "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. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive

findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." The medical records provided for review does not indicate that the patient meets the criteria for an MR. There is no documentation of nerve root dysfunction or failure of a treatment program such as physical therapy. The request for a MRI of the lumbar spine is not 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: According to the California MTUS/ACOEM Guidelines Low Back Complaints, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. It further recommends against EMG and somatosensory evoked potentials (SEPs) in Table 12-7. The medical records provided for review does not indicate that patient meets the criteria for electrodiagnostic studies. There is no documentation of nerve root dysfunction. The request for a EMG of the lower extremities is not medically necessary and appropriate.