

Case Number:	CM13-0021773		
Date Assigned:	10/11/2013	Date of Injury:	09/06/2001
Decision Date:	01/16/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/09/2013

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 Anesthesia, has a subspecialty in Acupuncture and 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 49 year old male with a date of injury of 8/29/13. He was diagnosed with radiculopathy, myalgia and myositis NOS, and lumbar post-laminectomy syndrome. An MRI dated 9/4/13 reveals disc bulge, facet and ligamentum flavum hypertrophy resulting in canal stenosis and bilateral neural foraminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

electromyography (EMG) of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines section on Low Back Procedure.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: The ACOEM Practice Guidelines chapter on Low Back Complaints states, "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 exam 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 disc bulges, that are not the source of painful symptoms and do not warrant surgery." There is no documentation that the treating physician has updated the treatment plan establishing the need for electrodiagnostic studies of the right lower extremity after receiving the lumbar MRI results. Furthermore, ACOEM guidelines state that electromyography (EMG) is not recommended for clinically obvious radiculopathy, which was determined by the MRI dated 9/4/13. Thus, the request is not medically necessary.

nerve conduction study (NCS) of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines section on Low Back Procedure.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 177-178, 261, 269, and 303.

Decision rationale: The ACOEM Practice Guidelines chapter on Low Back Complaints states, "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 exam 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 disc bulges, that are not the source of painful symptoms and do not warrant surgery." There is no documentation that the treating physician has updated the treatment plan establishing the need for electrodiagnostic studies of the right lower extremity after receiving the lumbar MRI results. Per the guidelines, a nerve conduction study (NCS) after an MRI has been performed (which demonstrates imaging findings highly concordant with the physical exam), is not medically necessary.

MRI of the thoracic spine with and without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines section on Low Back Procedure.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172.

Decision rationale: A thoracic MRI is not medically necessary due to the absence of documentation of thoracic radicular symptoms.