

Case Number:	CM13-0023899		
Date Assigned:	11/15/2013	Date of Injury:	05/31/2011
Decision Date:	02/06/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/13/2013

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 & Rehabilitation and is licensed to practice in Ohio and Texas. 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 37-year-old male who reported a work related injury on 05/31/2011, specific mechanism of injury not stated. The patient is subsequently status post L5-S1 decompression/discectomy as a result of strain to the lumbar spine on 08/29/2011. The clinical note dated 05/21/2013 reports the patient was seen for an initial evaluation under the care of [REDACTED]. [REDACTED]. The provider documents the patient presents with continued lumbar spine pain complaints. The clinical note evidences the patient additionally underwent surgical interventions on 09/18/2012, specifics of the procedure were not stated. The provider documents, upon physical exam of the patient, the patient had positive straight leg raise at 60 degrees with pain elicited; reflexes were 2 throughout the patella and the Achilles bilaterally. The patient had absent Babinski's. The provider documented a request for multiple treatment recommendations. A follow up clinical note dated 06/24/2013 under the care of [REDACTED] revealed range of motion of the lumbar spine was at 75 degrees flexion, 10 degrees extension, and bilateral side bending at 35 degrees. The patient's motor strength was noted to be 4/5 to the bilateral knee extensors and 5/5 throughout the remaining motor groups.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Lower extremity: Upheld

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

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence a specific rationale for the requested diagnostic study at this point in the patient's treatment. The clinical notes failed to evidence any significant change in condition, motor neurological or sensory deficits upon exam of the patient. The patient continues to present with complaints of lumbar spine pain status post a work related injury sustained in 05/2011 and subsequent surgical interventions performed to the lumbar spine. California MTUS/ACOEM indicates electromyography, including an H-reflex test, may be used to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. However, as it is unclear when the patient last underwent diagnostic or imaging studies, the current request is not supported. Given the above, the request for EMG of the lower extremity is not medically necessary or appropriate.

MRI Lumbar spine: Upheld

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

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence a specific rationale for the requested diagnostic study at this point in the patient's treatment. The clinical notes failed to evidence any significant change in condition, motor neurological or sensory deficits upon exam of the patient. The patient continues to present with complaints of lumbar spine pain status post a work related injury sustained in 05/2011 and subsequent surgical interventions performed to the lumbar spine. California MTUS/ACOEM indicates when the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. As it is unclear when the patient last underwent imaging of the lumbar spine, as well as a lack of documentation of any significant change in the patient's condition, the request for an MRI of the lumbar spine is not medically necessary or appropriate.