

Case Number:	CM13-0034818		
Date Assigned:	12/11/2013	Date of Injury:	08/06/2004
Decision Date:	04/24/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/15/2013

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 Arizona. 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:

This is a 59-year-old female who sustained an injury on 8/6/2004 when a gate fell on her injuring her neck, lumbar spine, both shoulders and her right upper extremity. She had an examination on 8/22/13 which noted she had persistent low back pain with generalized weakness in both lower extremities but with no documentation of a specific myotome or dermatomal distribution. There was a questionable foot drop because the patient drags her feet when she walks but there was no specific testing of the muscles of the lower extremity. The patient was examined by her primary provider on 9/19/2013 who states the patient continues to complain of low back pain with radiation into both legs and has limited spinal mobility. A straight leg raise causes radiating pain into both posterior thighs. The patient has decreased sensation along the L5 dermatome bilaterally. Motor testing reveals no weakness, reflexes are symmetrical and equal. The UR mentions an MRI scan of the lumbar spine that was done on 5/30/12 which revealed multiple level degenerative disc disease with no evidence of nerve root impingement at any level. A request is made for a repeat MRI of the lumbar spine. $\hat{\imath}$

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF LUMBAR SPINE: 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): 289, 303.

Decision rationale: Assessment of the patient depends on a thorough medical and work history plus a focused physical examination. In this employee, the physical examinations that were performed on 8/22/13 and 9/19/13 gave conflicting findings. In one the employee had generalized weakness of the lower extremities and even a foot drop; in the other there was no muscle weakness. In one exam the straight leg raise only produced pain down the posterior thigh and not along any dermatome distribution. Repeat MRIs can be done if there is evidence of a significant deterioration of the patient's condition or a red flag condition develops. This employee's symptoms have remained essentially unchanged since the last MRI. In addition, current examinations give conflicting objective findings on physical examination which contradict each other. Therefore, the medical necessity for repeating the MRI has not been established.

EMG FOR BILATERAL 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: The MTUS guidelines indicate that an electromyography (EMG) may be a useful tool when identifying subtle, focal neurological dysfunction in patients with low back pain symptoms lasting more than 3 or 4 weeks. This employee has no significant change in symptoms since a previous MRI scan was done. That scan showed no evidence of nerve root involvement. In addition, the employee has conflicting objective findings on physical examination by 2 different providers. At this time, the employee does not have any consistent findings that would make one think of a subtle focal neurological dysfunction. The employee actually has conflicting findings and in one case, a very superficial examination. Therefore, until there is consistency in the neurological examination that would make one suspect a subtle focal neurological dysfunction, the medical necessity of an EMG has not been established.

NCV FOR BILATERAL 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: Again, electrodiagnostic studies may be useful in identifying subtle neurological dysfunction. The examinations of this employee have been contradictory and conflicting. Therefore, until a careful and thorough examination gives consistent information

that would lead one to suspect a focal neurological dysfunction, the medical necessity for nerve conduction studies has not been established.