

Case Number:	CM13-0044407		
Date Assigned:	03/28/2014	Date of Injury:	09/17/2007
Decision Date:	10/10/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation has a subspecialty in Interventional Spine 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 expert 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 59 year old female with an injury date of 09/17/07. Based on the 10/04/13 progress report provided by [REDACTED] patient presents with low back pain rated 8/10 that radiates to bilateral legs, more on left. Patient ambulates with a cane. Physical exam to the lumbar spine reveals a midline lumbar scar. There is tenderness to SI joint and paraspinal muscles. Flexion and extension are decreased. Sensation is decreased on left L4 and hypersensitive on L5 and SI on left. Decreased strength on left with Gastrocnemius, Extensor Hallucis Longus and Tibialis Anterior muscles secondary to pain. Physician states EMG/NCV will be able to rule out a diabetic peripheral neuropathy and radiculopathy. Per progress report dated 09/24/13, patient is status post L5-S1 decompressive laminectomy with neural decompression, L5-S1 posterior interbody fusion, L5-S1 posterolateral fusion 05/11/09. The utilization review determination being challenged is dated 10/08/13. The rationale is "documentation provided does not include objective clinical exam findings to support the requested diagnostic studies." [REDACTED] is the requesting provider, and he provided treatment reports from 04/11/13 - 10/04/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for MRI of the lumbar spine with and without contrast: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC guidelines (http://www.odg-twc.com/odgtwc/low_back.htm#Protocols).

Decision rationale: Patient presents with low back pain rated 8/10 that radiates to bilateral legs, more on left. The request is for MRI of the Lumbar Spine with and without contrast. Patient has diabetes mellitus and a history of low back surgeries. With regards to MRI of the Lumbar Spine, ODG-TCW guidelines has the following: "MRI's are test of choice for patients with prior back surgery. Repeat MRI's are indicated only if there has been progression of neurologic deficit. Indications for Imaging -- Magnetic resonance imaging: Uncomplicated low back pain, prior lumbar surgery." Per physician report dated 10/04/13, physical exam and diagnosis show that patient presents with neurologic deficits due to her lumbar spine. There is no record of previously performed recent MRI in review of records. There is no evidence that the patient has had an MRI particularly following lumbar surgery in 2009. Therefore, the request for MRI of the lumbar spine with and without contrast is medically necessary and appropriate.

The request for EMG of the LLE: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Patient presents with low back pain rated 8/10 that radiates to bilateral legs, more on left. The request is for EMG of the LLE. Patient has diabetes mellitus and a history of low back surgeries. For EMG, ACOEM Guidelines page 303 states "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." Per progress report dated 10/04/13, treater states EMG/NCV will be able to rule out a diabetic peripheral neuropathy and radiculopathy. Request meets guideline criteria. Therefore, the request for EMG of the LLE is medically necessary and appropriate.