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| Case Number: | CM13-0044699 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 02/29/2012 |
| Decision Date: | 12/22/2014 | UR Denial Date: | 10/10/2013 |
| Priority: | Standard | Application Received: | 10/31/2013 |

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 and Rehabilitation, has a subspecialty in 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 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:

This is a patient with a date of injury of 2/29/12. A utilization review determination dated 10/10/13 recommends non-certification of lumbar MRI and electromyography/nerve conduction velocity (EMG/NCV) of the bilateral lower extremities (BLE) with dermatomal somatosensory evoked potential (DSSEP). 8/29/13 EMG/NCS of BLE was abnormal with findings of acute and chronic radiculopathy involving L5-S1 and to some degree L4, greater on the left. 8/23/13 chiropractic report identifies low back pain 4/10, improving. On exam, "Kemp's test/facet reveals pain on both sides." Recommendations include traction therapy, pain management consultation, and MRI and EMG/NCV DSSEP "because the patient has not yet had one." 6/24/13 medical report identifies decreased sensation and strength in various lumbar dermatomes/myotomes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open lumbar MRI with contrast: Upheld

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): 303-304.

Decision rationale: Regarding the request for open lumbar MRI, CA MTUS and ACOEM state that 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 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. Within the documentation available for review, the patient underwent electrodiagnostic testing requested by a different provider just a few days after the current request. This test confirmed the presence of radiculopathy and there was no rationale presented identifying the medical necessity of this study in addition to electrodiagnostic testing. Furthermore, there is no rationale presented for the use of an open rather than standard MRI, as the resolution is typically significantly lower and open studies are normally reserved for patients with conditions that preclude the use of standard MRI such as morbid obesity or claustrophobia. In the absence of clarity regarding those issues, the currently requested open lumbar MRI is not medically necessary.

EMG/NCV dermatomal somatosensory evoked potential: Upheld

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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies and Evoked Potential Studies

Decision rationale: Regarding the request for EMG/NCV dermatomal somatosensory evoked potential, CA MTUS and ACOEM state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. They also note that evoked potential studies are recommended as a diagnostic option for unexplained myelopathy and/or in unconscious spinal cord injury patients, but not recommended for radiculopathies and peripheral nerve lesions where standard nerve conduction velocity studies are diagnostic. Within the documentation available for review, the patient underwent electrodiagnostic testing requested by a different provider just a few days after the current request. This test confirmed the presence of radiculopathy and there was no rationale presented identifying the medical necessity of this study in addition to the electrodiagnostic testing already completed. Furthermore, there are no findings suggestive of peripheral neuropathy, myelopathy, and/or spinal cord injury in an unconscious patient for which the NCV and DSSEP components would be supported. In light of the above issues, the currently requested EMG/NCV dermatomal somatosensory evoked potential is not medically necessary.

EMG/NCV dermatomal somatosensory evoked potential: Upheld

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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies and Evoked Potential Studies

Decision rationale: Regarding the request for EMG/NCV dermatomal somatosensory evoked potential, CA MTUS and ACOEM state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. They also note that evoked potential studies are recommended as a diagnostic option for unexplained myelopathy and/or in unconscious spinal cord injury patients, but not recommended for radiculopathies and peripheral nerve lesions where standard nerve conduction velocity studies are diagnostic. Within the documentation available for review, the patient underwent electrodiagnostic testing requested by a different provider just a few days after the current request. This test confirmed the presence of radiculopathy and there was no rationale presented identifying the medical necessity of this study in addition to the electrodiagnostic testing already completed. Furthermore, there are no findings suggestive of peripheral neuropathy, myelopathy, and/or spinal cord injury in an unconscious patient for which the NCV and DSSEP components would be supported. In light of the above issues, the currently requested EMG/NCV dermatomal somatosensory evoked potential is not medically necessary.