

Case Number:	CM13-0044820		
Date Assigned:	12/27/2013	Date of Injury:	05/12/2011
Decision Date:	02/27/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/29/2013

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 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 56-year-old male who reported an injury on 05/12/2011 due to picking up boxes, which caused pain to the low back, right shoulder and bilateral wrists/hands. The patient also experienced work environment stress. The patient ultimately underwent a lumbar laminectomy and was treated postsurgically with physical therapy, medications and psychiatric support. The patient's most recent clinical evaluation documented that the patient had constant right shoulder pain, bilateral wrist and hand pain, low back pain and left knee pain. Physical findings included tenderness to palpation of the subacromial space and the right shoulder with limited range of motion and positive Neer's and Hawkins tests. Examination of the lumbar spine revealed tenderness to palpation and pain with range of motion. Examination of the left knee revealed generalized tenderness to palpation and the need for ambulation assistance. The patient's chronic pain was managed with medications, physical therapy, participation in a home exercise program and continued psychiatric support. The patient's diagnoses included a full thickness tear of the supraspinatus and the right shoulder, status post lumbar laminectomy, osteochondral lesion of the left knee with medial meniscus tear, stress, anxiety and depression. The patient's treatment plan included the continuation of medications and surgical intervention of the left knee. An updated MRI of the lumbar spine and EMG/NCV was also recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine and EMG/NCV bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index 9th edition

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The requested MRI and EMG/NCV is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has had an MRI in 06/2011. However, the patient has also had surgical intervention of the lumbar spine since that time. The American College of Occupational and Environmental Medicine recommends imaging studies when there is clear evidence of nerve root involvement during the physical exam. The clinical documentation submitted for review does not provide any evidence that the patient has any neurological deficits to support the need for an MRI. Additionally, the American College of Occupational and Environmental Medicine recommends electrodiagnostic studies when there is suspicion of nerve root involvement that is not clinically evident. The patient's most recent clinical evaluation did not provide any documentation to support the suspicion of nerve root involvement. There was no documentation of any type of radicular symptoms. As such, the requested MRI of the lumbar spine and EMG/NCV of the bilateral lower extremities is not medically necessary or appropriate.