

Case Number:	CM13-0047528		
Date Assigned:	12/27/2013	Date of Injury:	03/05/2009
Decision Date:	03/11/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/04/2013

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 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 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 56-year-old female was injured on 03/05/09 and the medical records provided for review documented concern over back pain. At the 10/03/13 office visit with [REDACTED], there were complaints of low back pain. Examination of the back was performed and the only results provided were that of lumbar perivertebral spasm and range of motion measurements. No neurologic examination was documented. EMG nerve conduction studies of the lower extremities and a lumbar spine MRI were requested to help diagnosis and treat back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar MRI: 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: A lumbar MRI would not be considered medically necessary and appropriate in this case based upon on the ACOEM 2004 Guidelines. ACOEM Guidelines support imaging if there is clear evidence of specific nerve root dysfunction based upon the

neurologic examination. In this case, no evidence of neurologic abnormalities had been documented. Therefore, a lumbar MRI cannot be supported.

EMG of lower extremities: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: EMG of the lower extremities would be considered medically necessary and appropriate based upon the records provided in this case and the ACOEM 2004 Guidelines. ACOEM Guidelines specifically state EMG, including H wave reflex test may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In this case, there is clearly greater than a four week history of low back symptoms and there has been concern over a radiculopathy problem. Therefore an EMG of the lower extremities would be considered medically necessary and appropriate in this case.

Motor NCS of lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Low Back: Nerve conduction studies.

Decision rationale: Motor nerve conduction studies of the lower extremities would not be considered medically appropriate based upon the records provided in this case and the Official Disability Guidelines. The CA MTUS ACOEM Guidelines do not address this issue. If one looks towards the Official Disability Guidelines, lower extremity nerve conduction studies are typically not appropriate at all when one is working up a radiculopathy problem. Therefore motor nerve conduction studies of the lower extremities would not be considered medically appropriate in this case.

Sensory NCS of lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Low Back: Nerve conduction studies.

Decision rationale: Sensory nerve conduction studies of the lower extremities would not be considered medically necessary and appropriate in this case. Again, CA MTUS ACOEM guidelines do not address this issue. If one looks towards the Official Disability Guidelines, nerve conduction studies are not appropriate as part of the electrodiagnostic evaluation when one is concerned about a radiculopathy problem. Therefore, sensory nerve conduction studies of the lower extremities cannot be certified.