

Case Number:	CM13-0050164		
Date Assigned:	01/31/2014	Date of Injury:	05/27/2009
Decision Date:	05/08/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/11/2013

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:

This is a 53 year-old female who was injured on 5/27/09. She has been diagnosed as s/p right shoulder arthroscopy 5/17/13, r/o CRPS; s/p left shoulder arthroscopy 10/2010; lumbar sprain. According to the 10/9/13 report from [REDACTED], the patient had a lumbar MRI on 9/6/13 and right knee MRI on 10/8/13. She presents with lumbar, right shoulder and right knee pain. On exam SLR was positive and there was decreased sensation in the right L5-S1 distribution. On 10/28/13, UR reviewed the 10/9/13 from [REDACTED] and the 8/26/13 report, and apparently retrospectively denied the lumbar MRI that was performed on 9/6/13 and recommended denial for EMG/NCV BLE.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG FOR THE BILATERAL LOWER EXTREMITIES: 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: The Expert Reviewer's decision rationale: The patient presents with pain in the lumbar spine, right shoulder and right knee. The low back pain radiates down the right leg and physical exam revealed decreased sensation in the right L5-S1 distribution and positive root tension signs with SLR. MTUS/ACOEM states: ""Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." The records show the low back symptoms have been present over 4-weeks. The request for the EMG is in accordance with MTUS/ACOEM guidelines.

AN MRI OF THE LUMBAR SPINE: 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): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with chronic low back and lower extremity pain. There is a request for MRI of the lumbar spine. ACOEM Guidelines support MRI of the lumbar spine for presence of red flags, unequivocal objective findings that identify specific nerve compromise. ACOEM Guidelines may apply to acute or subacute situation. ODG Guidelines indicate that for MRI of the lumbar spine in uncomplicated low back pain, radiculopathy, if severe, progressive neurologic deficits are present, prior lumbar surgery or cauda equina syndrome. The patient has had MRI of the lumbar spine on 12/23/2013 as well as 07/22/2009, both of them showing benign findings with bulging disks only. The treating physician has asked for updated MRI of the lumbar spine, without providing a rationale as to why another set of MRI is needed. The patient does not present with any red flags or any evidence of progressive neurologic deficit. The patient is not postoperative either. Recommendation is for denial.

NCV FOR THE BILATERAL LOWER EXTREMITIES: 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: The Expert Reviewer's decision rationale: The patient presents with pain in the lumbar spine, right shoulder and right knee. The low back pain radiates down the right leg and physical exam revealed decreased sensation in the right L5-S1 distribution and positive root tension signs with SLR. MTUS/ACOEM states: ""Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." The records show the low back symptoms have been present over 4-weeks. The H-reflex is a normal part of the NCV study. The request for the NCV is in accordance with MTUS/ACOEM guidelines.

