

Case Number:	CM13-0056368		
Date Assigned:	12/30/2013	Date of Injury:	03/22/2011
Decision Date:	05/22/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/22/2013

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 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 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 claimant is a 39-year-old gentleman who injured his low back in a work related accident on March 22, 2011. The report of an MRI of the lumbar spine dated July 5, 2011 revealed an L4-5 disc extrusion with effacement of the L5 exiting nerve root. Electrodiagnostic studies performed on April 18, 2012 demonstrated acute left L5 and S1 radiculopathy. The medical records provided for review did not identify that the claimant had surgery. The report for an examination on October 11, 2013 described the claimant with continued complaints of low back pain with radiating leg pain. Examination was documented as restricted range of motion with no documented neurologic findings. Recommendations at that time were for repeat electrodiagnostic studies and a repeat MRI of the lumbar spine. The documentation for review did not identify recent conservative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL LOWER EXTREMITY EMG: 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.

Decision rationale: Based on the California ACOEM Guidelines, the request for electrodiagnostic studies of the lower extremities cannot be recommended as medically necessary. The claimant's clinical diagnosis has already been well established with documentation of an extruded disc on prior MRI and positive electrodiagnostic studies on previous assessment. At this time, the medical records do not provide any indication for further electrodiagnostic studies in this individual whose diagnosis appears to be established.

BILATERAL LOWER EXTREMITY NCV: 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.

Decision rationale: Based on the California ACOEM Guidelines, the request for electrodiagnostic studies of the lower extremities cannot be recommended as medically necessary. The claimant's clinical diagnosis has already been well established with documentation of an extruded disc on prior MRI and positive electrodiagnostic studies on previous assessment. At this time, the medical records do not provide any indication for further electrodiagnostic studies in this individual whose diagnosis appears to be established.

LUMBAR SPINE MRI WITH GADOLINIUM ENHANCEMENT: 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), Treatment Index, Low Back Chapter, MRI.

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

Decision rationale: The California ACOEM Guidelines do not support the request for an MRI scan. While the claimant is noted to have an extruded disc on the previous MRI and has positive electrodiagnostic studies that correlate with the extruded disc level, there is no current physical examination findings supportive of an acute process for which further imaging would be indicated. This individual's diagnosis is well established from previous testing performed.