MAXIMUS Federal Services

Case Number:	CM13-0057725		
Date Assigned:	12/30/2013	Date of Injury:	04/25/2013
Decision Date:	03/27/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/25/2013

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 and Rehabilitation, has a subspecialty in Pain Management 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 is a patient with a date of injury of 4/25/13. A utilization review determination dated 11/8/13 recommends non-certification of EMG of the lower extremity, repeat MRI cervical and lumbar spine, x-rays of the pelvis, and x-rays of the cervical and lumbar spine. 10/29/13 progress report identifies neck and low back pain. On exam, there is some limited ROM and right lateral ankle diminished sensation. 12/3/13 progress reports neck and low back pain with lumbar paraspinal tenderness. Sensation is noted to be intact, including in the lateral ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient electromyography (EMG) of the lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation, 2013 (web based edition), and California MTUS guidelines (web based edition)

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

Decision rationale: Regarding the request for outpatient electromyography (EMG) of the lower extremity, California MTUS cites that 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. Within the documentation available for review, there is no documentation of persistent focal neurologic deficits. The only recent finding was diminished sensation in the right lateral ankle that subsequently resolved. In light of the above issues, the currently requested outpatient electromyography (EMG) of the lower extremity is not medically necessary.

Outpatient repeat MRI of the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation, 2013 (web based edition), and California MTUS guidelines (web based edition)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-177.

Decision rationale: Regarding the request for outpatient repeat MRI of the cervical spine, California MTUS cites that the criteria for ordering imaging studies are: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; and Clarification of the anatomy prior to an invasive procedure. Specific to repeat MRI, ODG cites that it is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g. tumor, infection, fracture, neurocompression, recurrent disc herniation). Within the documentation available for review, there is no documentation of any red flags, clinical findings of neurologic dysfunction, change in symptoms and/or findings suggestive of significant pathology, or another clear rationale for a repeat MRI. In light of the above issues, the currently requested outpatient repeat MRI of the cervical spine is not medically necessary.

Outpatient repeat MRI of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation, 2013 (web based edition), and California MTUS guidelines (web based edition)

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

Decision rationale: Regarding the request for outpatient repeat MRI of the lumbar spine, California MTUS cites 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 who would consider surgery an option. They also note that indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. Relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic

confusion (false- positive test results) because of the possibility of identifying a finding that was present before symptoms began and therefore has no temporal association with the symptoms. Specific to repeat MRI, ODG cites that it is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g. tumor, infection, fracture, neurocompression, recurrent disc herniation). Within the documentation available for review, there is no documentation of any red flags, clinical findings of neurologic dysfunction, change in symptoms and/or findings suggestive of significant pathology, or another clear rationale for a repeat MRI. In light of the above issues, the currently requested outpatient repeat MRI of the lumbar spine is not medically necessary.

Outpatient x-rays of the pelvis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation on Official Disability Duration Guidelines, Treatment in Workers Compensation, 2013 (web based edition), and California MTUS guidelines (web based edition)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis, X-Ray

Decision rationale: Regarding the request for outpatient x-rays of the pelvis, California MTUS does not address the issue. ODG cites that plain radiographs (X-Rays) of the pelvis should routinely be obtained in patients sustaining a severe injury. X-Rays are also valuable for identifying patients with a high risk of the development of hip osteoarthritis. Within the documentation available for review, there is no documentation of any recent trauma, symptoms/findings suggestive of significant osteoarthritis, or another clear rationale for x-rays of the pelvis. In light of the above issues, the currently requested outpatient x-rays of the pelvis are not medically necessary.

Outpatient x-rays of the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation, 2013 (web based edition), and California MTUS guidelines (web based edition)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: Regarding the request for outpatient x-rays of the cervical spine, California MTUS cites that the criteria for ordering imaging studies are: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; and Clarification of the anatomy prior to an invasive procedure. Within the documentation available for review, there is no documentation of any red flags, clinical findings of neurologic dysfunction, change in symptoms and/or findings

suggestive of significant pathology, or another clear rationale for x-rays. In light of the above issues, the currently requested outpatient x-rays of the cervical spine are not medically necessary.

Outpatient x-rays of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation on Official Disability Duration Guidelines, Treatment in Workers Compensation, 2013 (web based edition), and California MTUS guidelines (web based edition)

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

Decision rationale: Regarding the request for outpatient x-rays of the lumbar spine, California MTUS cites that lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. Relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false- positive test results) because of the possibility of identifying a finding that was present before symptoms began and therefore has no temporal association with the symptoms. Within the documentation available for review, there is no documentation of any recent trauma, red flags, or another clear rationale for lumbar x-rays. In light of the above issues, the currently requested outpatient x-rays of the lumbar spine is not medically necessary.