

Case Number:	CM13-0067337		
Date Assigned:	01/03/2014	Date of Injury:	05/02/2013
Decision Date:	04/21/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/18/2013

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 Occupational Medicine 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 applicant is a represented employee who has filed a claim for chronic low back and shoulder pain associated with an industrial injury of May 2, 2013. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the life of the claim; and a 10-pound lifting limitation. In a clinical progress note of December 4, 2013, the attending provider states that the applicant has persistent low back pain issues, which include lumbar tenderness, positive straight leg raising, an absent Achilles reflex, and weakness of the extensor hallucis longus muscle. A 10-pound lifting limitation, MRI imaging, and electrodiagnostic testing are sought. An earlier note of October 23, 2013, was notable for comments that the applicant had persistent low back pain radiating to the leg with an absent left-sided Achilles reflex, positive straight leg raising, and weakness of EHL function.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LUMBAR SPINE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: As noted in the ACOEM Guidelines, unequivocal evidence of neurologic compromise in those applicants who did not respond to conservative treatment and who would consider a surgical remedy were it offered to them is sufficient evidence to warrant imaging studies. In this case, the applicant does have longstanding low back pain issues radiating to the left leg with associated left lower extremity weakness, positive straight leg raising, hyporeflexia, etc. There is considerable evidence of an active lumbar radiculopathy. The requesting provider is an orthopedic spine surgeon, implying that the applicant would consider a surgical remedy were it offered to her. Therefore, the requested MRI is medically necessary and appropriate.

EMG/NCV OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: As noted in the ACOEM Guidelines, EMG (electromyography) testing for a clinically obvious radiculopathy is not recommended. In this case, the applicant does have a clinically obvious radiculopathy with low back pain radiating to the left leg, positive signs of radiculopathy appreciated on exam, and weakness of the left lower extremity. MRI imaging to more clearly delineate the extent of the same has been found medically necessary above. Thus, electrodiagnostic testing is superfluous. It is further noted that the applicant is asymptomatic insofar as the contralateral right lower extremity is concerned, arguing against the need for electrodiagnostic testing of the bilateral lower extremities. Therefore, the requested EMG/NCV is not medically necessary or appropriate.