

Case Number:	CM13-0068575		
Date Assigned:	05/21/2014	Date of Injury:	09/27/2003
Decision Date:	08/07/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/19/2013

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 Anesthesiology, 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 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 43-year-old male with a 9/27/03 date of injury. The exact mechanism of injury has not been described. On 10/21/13, the patient was noted to have persistent low back pain that radiated bilaterally to the lower extremities with associated numbness and tingling, as well as neck and shoulder pain. Objective exam showed palpable tenderness at the paravertebral and upper trapezius muscles, associated with spasm. Positive impingement signs to bilateral shoulders. Dysesthesia was noted along the L5-S1 dermatome. On 10/29/13, it was noted that the patient had increasing low back pain, with radiation of numbness and pain to his left foot. The patient is currently working full-duty. A lumbar MRI (magnetic resonance imaging) on 3/8/12 was noted to show multilevel hypertrophic changes with disc dessication and left-sided neuroforaminal stenosis with annular tear at L4-5. The diagnostic impression include status post anterior cervical discectomy and fusion (ACDF) with C6-7 anterior cervical reconstruction, retained symptomatic cervical hardware, left shoulder impingement syndrome, and right knee pain. The treatment to date: medication management, physical therapy, injections, and surgical interventions. A utilization review decision dated 11/21/13 denied the request for the lumbar MRI and electromyography (EMG)/NCS (nerve conduction study). The lumbar MRI was denied because a lumbar MRI was approved in a previous review, and therefore would duplicate the services. The EMG/NCS was modified to one EMG of the left lower extremity in a prior review, and a repeat EMG/NCS would duplicate the request.

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 (to be scheduled by [REDACTED]) between 11/9/2013 and 1/3/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Low Back Complaints (ACOEM Practice Guidelines, (2007), Chapter 12), pg. 53, and Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & chronic). MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter: MRI.

Decision rationale: The CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. The Official Disability Guidelines (ODG) indications for repeat imaging include emergence of a red flag diagnosis. In this case, this patient is noted to have increasing back pain, dysesthesia along the L5 dermatome, and new-onset of numbness in the left foot. The guidelines would support a repeat lumbar MRI (magnetic resonance imaging) in the setting of red flag symptoms, such as numbness in the foot and increasing pain. However, it is noted in the utilization review decision that a previous request already certified this request for the MRI. Therefore, the request for MRI of the lumbar spine is not medically necessary.

EMG/NCV of the bilateral lower extremities (to be scheduled by [REDACTED]) between 11/9/2013 and 1/3/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter: EMG/NCS.

Decision rationale: The CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, the Official Disability Guidelines (ODG) states that electromyography (EMG) may be useful to obtain unequivocal evidence of radiculopathy, after one-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCS (nerve conduction study) is not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. In this case, this patient is already documented to have objective radiculopathy on exam. The guidelines do not support EMG/NCS if radiculopathy is already clinically obvious. It is also unclear why the provider is asking for a repeat lumbar MRI (magnetic resonance imaging) and bilateral EMG/NCS at the same time. In addition, it is noted in the utilization review decision that the patient has already been certified for a left lower extremity EMG. This request only

states EMG/NCV, but in the records provided it is noted that the request is actually for bilateral lower extremities EMG/NCV. Therefore, the request for EMG/NCV of the bilateral lower extremities is not medically necessary.