

Case Number:	CM13-0072085		
Date Assigned:	01/17/2014	Date of Injury:	02/01/2011
Decision Date:	06/03/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/30/2013

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 and Rehabilitation 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 patient is a 47 year old female who was injured on 02/01/2011. The patient states that she developed gradual pain in her low back secondary to the heavy pushing, pulling and continuous walking that was required while working. Prior treatment history has included physical therapy. On 08/05/2011 she underwent L5 TFESI and reports 65% relief and still improving. Her medications consist of tramadol, cyclobenzaprine and temazepam. Diagnostic studies reviewed include electrodiagnostic studies performed on 11/13/2011 interpreted as showing bilateral L5 radiculopathy. An MRI of the lumbar spine was performed on 06/03/2011 which showed disc degeneration at L5-S1 with left greater than right lateral recess stenosis and moderate left sided and mild to moderate right sided neural foraminal narrowing. Orthopedic Surgical Consultation dated 06/24/2013 from [REDACTED] stated she does have radicular pain pattern involving L5 and S1 nerve roots and dermatomes. There is what appears to be disc herniations at L5-S1, which I confirmed reading the actual MRI films and prior x-rays. At this point due to a failure of conservative measures which include activity modification, physical therapy and pain management to include two epidural injections, the next appropriate step in treatment is surgical in nature. Updated diagnostic studies are advised to include electrodiagnostic studies of the lower extremities and MRI scan performed at a facility with an open protocol. PR-2 dated 12/03/2013 documented the patient with complaints of neck and low back pain. The low back pain radiates to the left lower extremity. Objective findings on examination of the cervicothoracic spine reveal the patient holds the neck in a normal position. There is no tenderness to direct palpation over the cervical spinous processes. There is tenderness without spasm in the cervical paravertebral muscles and the bilateral upper trapezius muscles. There is no tenderness and no spasm in the interscapular/dorsal spine region, the right and left medial scapular muscles or sternocleidomastoid muscles. The cervical spine range of motion flexion, the patient is able to

make is 15 degrees. This maneuver causes increased neck pain and no increase in spasm of cervical paravertebral muscles. Extension is to 20 degrees with increased pain. Right and left lateral flexion is to 5 degrees with increased pain. Right and left rotation is to 50 degrees with increased pain. The tone and muscle power in the upper extremities is within normal limits. Sensation is intact in the upper extremities. Reflexes are 2+ and are equal and reactive in the biceps, triceps and brachioradialis. The patient ambulates with an abnormal short stance gait and with normal lordosis. There is no scoliosis. There is slight spasm of the lumbar paravertebral muscles. Direct palpation of the right or left sciatic notches does not cause pain or tenderness. Range of motion in the lumbar spine flexion is to 25 degrees with increased low back pain. Extension is 0 degrees with increased pain. Right and left lateral bending is to 5 degrees with moderate pain. Straight leg raising is to 40 degrees bilaterally without pain. Lasegue's, contralateral SLR, Patrick's, Gaenslen's test are negative bilaterally. Motor testing is 5/5 in all muscle groups of the lower extremities. Sensation (Wartenberg wheel) in the lower extremities is not impaired. Knee and ankle jerks are 2+ and equal and reactive. Diagnoses include: 1. Lumbar radiculopathy L5. 2. Lumbar disc protrusion and degenerative disc disease, L5-S1. 3. Lumbar spine myofasciitis strain/sprain.

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 Page(s): 303.

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

Decision rationale: According to the CA MTUS guidelines, MRI of lumbar spine is reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. According to the ODG, MRI is recommended in uncomplicated low back pain, after at least 1 month conservative therapy, sooner if severe progressive neurological deficit, or prior lumbar surgery. The medical records document the patient was diagnosed with lumbar radiculopathy, lumbar disc protrusion and degenerative disc disease L5-S1, Lumbar spine myofasciitis strain/sprain. The patient underwent conservative treatment without significant improvement. Orthopedic consultation was dated 6/24/2013 recommended the patient is a surgical candidate. In the presence of documented intention for surgical intervention and failure of conservative treatment to improve patient's pain and function, the request meets the guideline criteria, and it is certified.

ELECTRODIAGNOSTIC STUDIES, LOWER EXTREMITIES: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK, EMGS (ELECTROMYOGRAPHY).

Decision rationale: According to the ODG, EMG is recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. EMG's may be required by the AMA Guides for an impairment rating of radiculopathy. The medical records document the patient was diagnosed with lumbar radiculopathy, lumbar disc protrusion and degenerative disc disease L5-S1, Lumbar spine myoligamentous sprain/strain. The patient underwent conservative treatment without significant improvement. Orthopedic consultation was dated 6/24/2013 recommended the patient is a surgical candidate. However, the radiculopathy is clinically obvious as documented in the orthopedic consultation, the request is not medically necessary according to the guidelines, and therefore it is not certified.