

Case Number:	CM14-0001676		
Date Assigned:	01/22/2014	Date of Injury:	05/11/2009
Decision Date:	06/06/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/06/2014

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 Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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 patient is a 34 year-old with a date of injury of 05/11/09. A progress report associated with the request for services, dated 11/25/13, identified subjective complaints of low back pain radiating into both legs with associated numbness and tingling. Objective findings included tenderness to palpation of the lumbar spine. There was decreased motor function in the L5 distribution bilaterally. Sensation was diminished in the L5 and S1 distribution bilaterally. Plain x-rays of the lumbar spine revealed diffuse degenerative changes. The diagnoses included multi-level lumbar disc disease; S/P laminectomy twice; "psychiatry issues with previous suicide attempt". The treatment has included oral opioids and antidepressants as well as a lumbar laminectomy. A Utilization Review determination was rendered on 12/23/13 recommending non-certification of "MRI of the lumbar spine with intravenous contrast; EMG of the bilateral lower extremities and NCV of the bilateral lower extremities".

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LUMBER SPINE WITH INTRAVENOUS CONTRAST: 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, 309.

Decision rationale: The Medical Treatment Utilization Schedule ACOEM Guidelines state 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. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. They further note that MRI is recommended when cauda equina, tumor, infection, or fracture is strongly suspected and plain radiographs are negative. In this case, there is no evidence of cauda equina syndrome, tumor, infection, or fracture. The claimant has objective findings of specific nerve compromise, but there has been no acute change in symptoms or documentation for consideration of surgery. Therefore, the medical record does not document the medical necessity for an MRI of the lumbar spine.

EMG OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG), Treatment Index, 11th Edition, 2013, Low Back Chapter, MRI, EMG and Nerve Conduction Studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) states that for clinically obvious radiculopathy, electromyography (EMG) is not recommended. They note that an EMG may be indicated when the neurological exam is less clear before ordering imaging studies. There is no documentation that the physical examination is unclear. In this case, the patient exhibits signs and symptoms of a radiculopathy. Therefore, the record does not document the medical necessity for an electromyogram.

NCV OF THE BILATERAL LOWER EXTREMITIES: 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, 11th Edition, 2013, Low Back Chapter, MRI, EMG and Nerve Conduction Studies (NCS).

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, NERVE CONDUCTION STUDIES (NCS)

Decision rationale: The California Medical Utilization Treatment Schedule (MTUS) does not address nerve conduction studies with low back injury. The Official Disability Guidelines (ODG) state that nerve conduction studies are: "... not recommended. There is minimal

justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." There is no documentation of the necessity to further define a radiculopathy. In this case, the patient's signs and symptoms are compatible with a radiculopathy. Therefore, the record does not document the medical necessity for a nerve conduction study.