

Case Number:	CM14-0002796		
Date Assigned:	01/29/2014	Date of Injury:	09/04/2009
Decision Date:	09/16/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/08/2014

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 Anesthesiology has a subspecialty in : Pain Management and is licensed to practice in Tennessee. 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 52 year old male with a 9/4/2009 date of injury. The exact mechanism of the original injury was not clearly described. A progress report dated 11/27/13 noted subjective complaints of bilateral lower back pain. Objective findings include diffuse lumbar tenderness. Lower extremity strength, sensation, and DTRs were noted to be intact. There was pain free range of motion of all joints of bilateral lower extremities. An EMG of the lower extremities on 9/3/13 was normal. A 7/11 progress note reported that lumbar MRI was reportedly performed in 2011 demonstrating severe canal spinal stenosis at L4-L5 and L5-S1, however the official report was not available for review. Diagnostic Impression: Right greater than left lumbar radiculopathy. Treatment to Date: physical therapy A UR decision dated 12/20/13 denied the request for MRI of the lumbar spine. The guideline criteria have not been met as evidence of recent conservative treatment and severe and/or progressive neurological deterioration has not been documented. It also denied a request for EMG/NCV of the bilateral lower extremities. The guideline criteria have not been met as there is no evidence provided of paresthesias. Evidence of recent conservative treatment and severe and/or progressive neurological deterioration has not been documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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: 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. However, there were no unequivocal objective findings that identify specific nerve compromise on the neurologic examination. The patient was noted to have pain free range of motion in all joints of his lower extremities. Motor/sensory/reflexes were intact throughout the lower extremities bilaterally. It is unclear what pathology the proposed imaging study would potentially reveal. Therefore, the request for MRI of the lumbar spine was not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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/NCV.

Decision rationale: 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, ODG states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. However, there is no objective evidence why a radiculopathy would be suspected. There is documentation of completely intact sensation, strength, and reflexes of the bilateral lower extremities. Furthermore, the patient has a normal EMG in 9/3/13. It is unclear why a repeat EMG would be of benefit. Therefore, the request for EMG/NCV of the bilateral lower extremities was not medically necessary.