

Case Number:	CM14-0005208		
Date Assigned:	02/05/2014	Date of Injury:	07/29/2009
Decision Date:	06/20/2014	UR Denial Date:	12/21/2013
Priority:	Standard	Application Received:	01/14/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 injured worker is 55 year old female with a reported date of injury on July 29, 2009. The injury reportedly occurred when the injured worker was lifting trash into the dumpster. The injured worker complained of pain in her lumbar spine, right and left arms and neck. An electro diagnostic study dated September 29, 2009 revealed mild left S1 radiculopathy and an MRI dated October 9, 2009 revealed L4-5 disc protrusion with encroachment on the L5 nerve root. According to the clinical note dated November 25, 2013 the injured worker's neck pain was rated at 4/10, left arm pain 5/10, right arm pain 7/10 and lumbar pain at 6/10. The injured worker's cervical spine range of motion was reported as flexion and extension to 30 degrees, and right and left rotation to 40 degrees. The injured worker's lumbar spine range of motion was reported as flexion to 30 degrees, extension to 10 degrees and right and left lateral flexion to 20 degrees. The injured worker's diagnoses included lumbar discopathy with radiculopathy, neuropathy, lumbar sprain/strain, insomnia, depression and cephalgia. The injured worker's medication regimen was not provided with the clinical information provided for review. The request for authorization for magnetic resonance imaging (MRI) lumbar spine with dye, electromyogram and nerve conduction velocity was submitted on January 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING (MRI) LUMBAR SPINE WITH DYE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), LOW BACK COMPLAINTS, 303-305

Decision rationale: The ACOEM recommends if the patient does not have red flags for serious conditions, the clinician can then determine which common musculoskeletal disorder is present. The Official Disability Guidelines do not recommend repeat MRI unless there is significant change in symptoms and/or findings suggestive of significant pathology. According to the clinical note dated November 25, 2013 the request for an updated MRI for the lumbar spine was due to the injured worker's weakness and impaired sensation and the physician noted that "this patient has not had a study done since 2009". According to the clinical documentation provided, the injured worker presented with weakness and impaired sensation. There is a lack of documentation regarding the rationale for the MRI. According to the documentation provided, the MRI dated October 9, 2009 revealed L4-5 disc protrusion with encroachment on the L5 nerve root. There is a lack of documentation related to change in condition, symptoms or increased functional deficit that would warrant repeat MRI. The request is not medically necessary.

ELECTROMYOGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), NECK AND UPPER BACK, 177-179

Decision rationale: The ACOEM guidelines state findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG) may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms. According to the clinical documentation provided, the request for electromyography is for the bilateral upper extremities and the left lower extremity. Although, the injured worker presented with weakness and impaired sensation there is a lack of documentation regarding the rationale for the EMG. The injured worker had electro diagnostic studies in 2009, there is a lack of documentation related to change in condition, symptoms or increased functional deficit that would warrant repeat electromyography. The request is not medically necessary.

NERVE CONDUCTION VELOCITY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), NECK AND UPPER BACK, 177-179

Decision rationale: The ACOEM guidelines state, findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Nerve Conduction Velocity (NCV) may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms. According to the clinical documentation provided, the request for nerve conduction velocity is for the bilateral upper extremities and the left lower extremity. Although, the injured worker presented with weakness and impaired sensation there is a lack of documentation regarding the rationale for the NCV. The injured worker had elector diagnostic studies in 2009, there is a lack of documentation related to change in condition, symptoms or increased functional deficit that would warrant repeat nerve conduction velocity. The request is not medically necessary.