

Case Number:	CM14-0104348		
Date Assigned:	07/30/2014	Date of Injury:	04/04/2014
Decision Date:	10/20/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/07/2014

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 Family Medicine, and is licensed to practice in Arizona. 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:

Patient is a 50 year old female with a date of injury on 4/4/2014. Subjective complaints are of ongoing bilateral inner thigh pain. Physical exam showed tenderness at the left sciatic notch, tenderness at the lumbosacral spine and negative straight leg raise test. There was slightly decreased lumbar range of motion, with decreased sensation along the left L5-S1 distribution. There was no weakness and reflexes were normal. The left hip showed no deformity or tenderness, with slightly restricted range of motion. Request is for lower extremity EMG, lumbar MRI, and left hip MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS OF THE LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: CA MTUS suggests that EMG/NCS may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four

weeks. The ODG recommends that EMG may be useful to obtain unequivocal evidence of radiculopathy after one month of conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. The ODG does not recommend NCS due to minimal justification for performing NCS when a patient is presumed to have symptoms of radiculopathy, rather EMG is recommended as an option. For this patient, objective evidence of lower extremity radiculopathy is not present, and there are no signs of peripheral nerve entrapment. Therefore, the medical necessities for bilateral lower extremity electrodiagnostic studies are not established.

MRI OF THE LEFT HIP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) HIP/PELVIS, MRI

Decision rationale: The ODG states that MRI is both highly sensitive and specific for the detection of many abnormalities involving the hip or surrounding soft tissues and should in general be the first imaging technique employed following plain films. For this patient there was no evidence of progressive hip symptoms or objective evidence of concerning hip pathology. Furthermore, hip x-rays were not evident in the records. Therefore, the medical necessity for a hip MRI is not established at this time.

MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines

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

Decision rationale: ACOEM recommends MRI of lumbar spine when cauda equina, tumor, infection, or fractures are strongly suspected or if patient has had prior back surgery. The ODG recommends MRI exam for uncomplicated back pain with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. Also if there is suspicion for cancer, infection, or other "red flags". This patient did not show signs/symptoms suggestive of tumor, infection, fracture, or progressive neurologic deficit. Furthermore, the patient did not have objective evidence of radiculopathy on exam. Therefore, the medical necessity for a Lumbar MRI is not medically necessary.