

Case Number:	CM14-0013349		
Date Assigned:	02/26/2014	Date of Injury:	04/28/2012
Decision Date:	07/11/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	02/03/2014

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 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 46-year-old male who has submitted a claim for lumbar degenerative joint disease, disc herniation without myelopathy, myospasm, and neuritis/radiculitis associated with an industrial injury date of April 28, 2012. Medical records from 2013 were reviewed. The patient complained of constant lower back pain graded 5-6/10 associated with radiation to and weakness of the legs. Physical examination of the lumbar spine showed tenderness, guarding, and spasm over the paravertebral region bilaterally; trigger points in the paraspinal muscles bilaterally; and normal neurologic examination. Treatment to date has included physical therapy, chiropractic sessions, and lumbar facet injection (11/4/13). Utilization review from January 3, 2014 denied the request for MRI of the lumbosacral spine for failure to document the necessity of a new study. The request for EMG/NCV of bilateral lower extremities was denied due to a normal neurologic examination and lack of clear indication of nerve root impingement.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI L/S SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back Chapter, Imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: According to pages 303-304 of the ACOEM Practice Guidelines referenced by CA MTUS, imaging of the lumbar spine is supported in patients with unequivocal objective findings that identify specific nerve compromise on the neurologic examination, and who do not respond to treatment, and who are in consideration for surgery. In this case, the rationale for a new MRI of the lumbar spine was not clearly stated. A previous MRI of the lumbar spine was done last November 13, 2012 and showed ventral narrowing of multiple canals and no evidence of nerve impingement. Patient was noted to have finished physical therapy and chiropractic sessions with noted improvement. In addition, there were no reports of failure of other conservative treatment modalities. Furthermore, the neurologic examination of the patient was normal. Therefore, the request for MRI of Lumbar spine is not medically necessary.

EMG OF LOWER EXTREMITIES: 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.

Decision rationale: According to page 303 of the ACOEM Low Back Guidelines as referenced by CA MTUS, electromyography (EMG) of the lower extremities is indicated to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, the patient presented with symptoms of possible radiculopathy. Recent progress notes reported constant lower back pain graded 5-6/10 associated with radiation to and weakness of the legs. However, neurologic examination was normal. The patient has no focal neurologic deficit. Therefore, the request for EMG (Electromyography) of lower extremities is not medically necessary.

NCS OF LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 Chapter, Nerve Conduction Studies 2014.

Decision rationale: The CA MTUS does not specifically address nerve conduction studies (NCS). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to ODG, NCS of the lower extremities are not recommended if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but it is recommended if the EMG is not clearly consistent with radiculopathy. In this case, the patient presented with symptoms of possible radiculopathy, which persisted despite

physical therapy. Recent progress notes reported constant lower back pain graded 5-6/10 associated with radiation to and weakness of the legs. However, neurologic examination was normal. There were no previous equivocal EMG findings in this case. Therefore, the request for NCS (Nerve Conduction Studies of lower extremities is not medically necessary.