

<b>Case Number:</b>	CM14-0017023		
<b>Date Assigned:</b>	03/07/2014	<b>Date of Injury:</b>	02/17/2011
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Orthopedic Surgery 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 claimant is a 61-year-old who sustained multiple orthopedic injuries to the neck, low back, shoulders, knees, wrists and ankles on February 17, 2011. Clinical records specific to the claimant's low back include documentation of a January 14, 2014 follow-up with [REDACTED] noting ongoing complaints of spasm and low back pain in addition to complaints in the lower extremities. Physical examination demonstrated diminished dermatomal sensation over the right L5 dermatome with restricted lumbar range of motion, spasm, tenderness and guarding. Recommendations at that time were for an MRI of the lumbar spine and lower extremity electrodiagnostic studies. The records included a report of electrodiagnostic studies from May of 2013 that showed no significant pathology and a report of an MRI from 2012 that showed degenerative disc disease with L4-5 lateral recess stenosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV BILATERAL LOWER EXTREMITIES:** Upheld

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

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

**Decision rationale:** Based on California ACOEM Guidelines, repeat electrodiagnostic studies in this instance would not be indicated. The claimant underwent electrodiagnostic studies about one year ago that were normal. There has been no current change in the claimant's clinical symptoms, subjective complaints, or objective findings on assessments available for review. The need for further electrodiagnostic studies in this individual who has recently undergone electrodiagnostic studies cannot be supported. The request is not medically necessary or appropriate.

**MRI LUMBAR SPINE WITHOUT CONTRAST:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRI Section.

**Decision rationale:** The ACOEM Guidelines, in general, do not recommend an MRI in the absence of "red flags" until one month of conservative treatment has been offered for symptoms. When looking at Official Disability Guidelines (ODG), repeat lumbar MRI scans are not routinely recommended and should be reserved for significant changes in symptoms or findings suggestive of significant pathology. In the chronic setting, MRI scans are also only indicated in the setting of a neurologic defect with inconclusive plain film radiographs. The records for review do not contain a report of plain film radiographs and no indication of acute treatment for the claimant's current low back related symptoms. A lack of significant change in the claimant's clinical presentation and physical examination findings would fail to support the need for further imaging in this individual. The request is not medically necessary or appropriate.