

Case Number:	CM14-0141399		
Date Assigned:	09/10/2014	Date of Injury:	08/06/2012
Decision Date:	12/12/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/02/2014

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 and Rehabilitation 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 54 year old male who was injured on 08/06/2012. The mechanism of injury is unknown. Diagnostic studies reviewed include MRI of the lumbar spine dated 03/25/2014 revealed no focal protrusions or stenosis; status post L3-L4 fusion. The right L4 pedicle screw traverses the inferior aspect of the right L3-L4 foramina. Follow-up note dated 08/21/2014 documented the patient to have complaints of low back pain rated as 6/10 with right lower extremity symptoms. She was noted as taking hydrocodone 10 mg and naproxen 550 mg twice a day. Objective findings on exam revealed lumbar range of motion exhibits flexion to 50 degrees; extension to 40; left and right lateral tilt to 40; and left rotation at 40. She had a positive straight leg raise at 35 degrees. The patient is diagnosed with right greater than left S1 radiculopathy and history of remote lumbar fusion. The patient was recommended for MRI of the lumbar spine and EMG/NCV bilateral lower extremities. Prior utilization by [REDACTED] review dated 08/26/2014 states the request for MRI of the Lumbar Spine; EMG Bilateral Lower Extremities; and NCV Bilateral Lower Extremities is denied as it is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Lumbar Spine: 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): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRIs (magnetic resonance imaging)

Decision rationale: According to the ACOEM guidelines, MRI is recommended for unequivocal objective findings that identify specific nerve compromise on the neurologic examination warrant imaging in patients who do not respond to treatment and to whom surgery is considered an option. According to the records, the patient underwent lumbar MRI studies 3/25/14. The Official Disability Guidelines state that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, and recurrent disc herniation). Review of the medical records does not reveal any significant change in the patient's symptoms or findings or worsening of neurological changes to suggest significant pathology is present. Thus, the request for repeat lumbar MRI is not medically necessary.

EMG Bilateral 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): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, EMGs (electromyography).

Decision rationale: According to the CA MTUS/ACOEM guidelines, EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. According to the ODG, EMG is recommended (needle, not surface) as an option that may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. The medical records documented that the patient was diagnosed with right greater than left S1 radiculopathy and history of remote lumbar fusion. Review of the medical records does not reveal any significant change in the patient's symptoms or findings or worsening of neurological changes to suggest significant pathology is present. Thus, the request is not medically necessary according to the guidelines.

NCV Bilateral 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): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Nerve conduction studies (NCS).

Decision rationale: The CA MTUS/ACOEM guidelines have not addressed the issue of dispute. According to ODG, Nerve conduction studies (NCS) is not recommended for radiculopathy. The

medical records document the patient was diagnosed with chronic lumbar strain. The medical records documented that the patient was diagnosed with right greater than left S1 radiculopathy and history of remote lumbar fusion. Review of the medical records does not reveal any significant change in the patient's symptoms or findings or worsening of neurological changes to suggest significant pathology is present. Additionally, the guidelines indicate there is minimal justification for performing nerve conduction studies when a patient is presumed to have radiculopathy on the basis of symptoms. Thus, the request is not medically necessary according to the guidelines.