MAXIMUS Federal Services

Case Number:	CM14-0151507		
Date Assigned:	09/19/2014	Date of Injury:	10/28/2013
Decision Date:	10/22/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/17/2014

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, has a subspecialty in Pain 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 injured worker is a 45-year-old individual with an original date of injury of October 28, 2013. The injured worker's diagnoses include chronic neck pain, chronic shoulder pain, chronic low back pain, right ankle/foot pain, and right wrist pain. The injured worker subjectively states that the low back pain is worse name with numbness and tingling in the lower extremities. Examination reveals an antalgic gait and manual muscle testing in the bilateral lower extremities reveals grade 4 of 5 in strength. The disputed request includes electrodiagnostic studies for the lower extremities and MRI of the lumbar spine. The MRI was denied on the basis that failure from conservative treatments such as physical therapy was not adequately documented. The electrodiagnostic study was denied on the basis that the documentation on physical examination is "insufficient to demonstrate whether there are focal neurologic deficits."

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-303.

Decision rationale: CA MTUS Low Back Complaints of the California Code of Regulations, Title 8, page 6 states the following: "The Administrative Director adopts and incorporates by reference the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) into the MTUS from the ACOEM Practice Guidelines."ACOEM Chapter 12 supports imaging of the lumbar spine for: Red flag diagnoses where plain film radiographs are negative or unequivocal objective findings that identify specific nerve compromise on the neurologic examination that do not respond to treatment in patients who would consider surgery. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. (ACOEM Text, pages 303 and 304 and table 12-8). Table 12-8 also indicates that Lumbar MRI's are the "test of choice" for patient with prior back surgery according to a panel interpretation of information (which did not meet evidence for research-based evidence).In the case of this injured worker, there is documentation in a progress note on August 26, 2014 that the patient had acute worsening in his low back pain. This began 3 days prior to this visit date. The patient developed new onset (numbness and tingling, and physical examination revealed 3 out of 5 strength in thigh flexion for the left lower extremity. Given that this new onset of weakness and numbness are potential red flag symptoms, the request for lumbar MRI is medically necessary at this time.

EMG (Electromyography) of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation ODG-TWC Low Back Chapter, EMG

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

Decision rationale: With regard to EMG/NCS of the lower extremities to evaluate for lumbar radiculopathy, CA MTUS Section of the California Code of Regulations, Title 8, page 6 adopts ACOEM Practice Guidelines Chapter 12. ACOEM Chapter 12 on page 303 states: "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." The update to ACOEM Chapter 12 Low Back Disorders on pages 60-61 further states: "The nerve conduction studies are usually normal in radiculopathy (except for motor nerve amplitude loss in muscles innervated by the involved nerve root in more severe radiculopathy and H-wave studies for unilateral S1 radiculopathy). Nerve conduction studies rule out other causes for lower limb symptoms (generalized peripheral neuropathy, peroneal compression neuropathy at the proximal fibular, etc.) that can mimic sciatica."In the case of this injured worker, there is documentation in a progress note on August 26, 2014 that the patient had acute worsening in his low back pain. This began 3 days prior to this visit date. The patient developed new onset (numbness and tingling, and physical examination revealed 3 out of 5 strength in thigh flexion for the left lower extremity. However, the provider requests an electrodiagnostic study on an urgent basis. Electrodiagnostic studies can evaluate for radiculopathy when there is evidence of motor unit changes. These changes often take at least 3 to 6 weeks to fully develop in the lower extremity. Electrodiagnostic studies performed immediately after a particular nerve injury are often normal. Therefore, when there is acute lumbar radiculopathy, the study to be

approved on an urgent basis is lumbar MRI rather than electrodiagnostic studies. The request for EMG (Electromyography) of the bilateral lower extremities is not medically necessary.