

Case Number:	CM14-0151847		
Date Assigned:	09/19/2014	Date of Injury:	09/21/2012
Decision Date:	10/21/2014	UR Denial Date:	08/21/2014
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 Orthopedic Surgery, and is licensed to practice in Minnesota. 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 46 year old male with a history of chronic low back pain. He was injured from lifting a heavy object on 10/11/12. He woke up at 3 a.m. the next morning with severe low back pain. He has had 3 MRI scans of the lumbar spine on 10/02/2012, 06/28/2013, and 02/06/2014. His back pain goes down the right leg to the foot. He has evidence of Grade I Spondylolisthesis associated with Spondylolysis of L5 bilaterally. The last MRI report describes degenerative disc disease with bulges at 3 levels. There is stenosis of the left neural foramen at L5-S1. On examination a discrepancy between sitting and supine straight leg raising was documented on 04/29/2014. On 07/21/2014 he received an epidural steroid injection with no change in his symptoms. The disputed issues pertain to a repeat EMG and nerve conduction study and repeat MRI scan and X-rays with flexion/extension views. The last EMG was on 01/16/2014 and was essentially negative per records with no evidence of radiculopathy. The report is not included but there is another notation stating that there was irritability of the muscle membrane in L5 and S1 distribution.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI L/S (Lumbar/Sacral) 3.OT: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back; Magnetic Resonance Imaging

Decision rationale: The CA MTUS does not address repeat MRIs. However, if physiologic evidence suggests tissue insult or nerve impairment the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause such as an MRI. The ODG guidelines for repeat MRIs indicate that they are not routinely recommended. They should be reserved for a significant change in the symptoms and/or findings suggestive of significant Pathology. The notes indicate no change in the neurologic examination which was said to be within normal limits on 08/15/2014. A repeat MRI is not medically necessary.

1 Lumbar/Sacral X-rays Flexion Extension AnterioPosterior Lateral: 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 based on Non-MTUS Citation Official Disability Guidelines Low Back : Radiography

Decision rationale: Both the ACOEM and ODG do not recommend routine X-rays in the absence of red flags. The records indicate X-rays have been obtained. The grade I Spondylolisthesis is usually stable and not expected to change. Therefore the request for repeat X-rays is not medically necessary.

1 EMG (Electromyograph) bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ,Pain acute and chronic

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back; Electromyography

Decision rationale: Both MTUS and ODG support needle electromyography and H-reflex testing 1 month after the conservative treatment of back pain if radiculopathy is suspected. In the presence of obvious radiculopathy on clinical examination ODG does not recommend electromyography. However, this has already been performed per records and a repeat examination is not medically necessary.

1 NCV(Nerve Conducting Velocity) bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ,Pain acute and chronic

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back; Electrodiagnostic Studies,

Decision rationale: Nerve Conduction Studies are not recommended for low back pain per MTUS and ODG guidelines. Only electromyography and H-reflex testing is helpful to diagnose radiculopathy. Therefore the requested nerve conduction study of both lower extremities is not medically necessary.