

Case Number:	CM14-0153859		
Date Assigned:	10/23/2014	Date of Injury:	03/01/2012
Decision Date:	11/20/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/20/2014

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 injured worker is a 46-year-old male who reported a work related injury on 03/01/2012. The mechanism of injury was not provided for review. His diagnoses consist of status post lumbar bilateral L4-5 decompression, and left L5-S1 foraminotomy. Past treatment was noted to include medications and modified work duty. Diagnostic studies were noted to include an MRI of the lumbar spine performed on 03/24/2014, which was noted to reveal lumbar rotoscoliosis, moderate bilateral facet arthropathy, multilevel discogenic degenerative changes resulting in L5-S1 moderate to advanced bilateral foraminal stenosis, mild to moderate bilateral lateral recess stenosis left greater than right, with encroachment traversing of L5 nerve roots just abutting the left, to a lesser extent right S1 nerve roots secondary to a 5 to 6 mm central annular bulge/disc extrusion endplate spur complex with moderate modic 1 end plate signal and moderate bilateral foraminal stenosis, mild bilateral lateral recess stenosis secondary to a 5 to 6 mm central disc protrusion/extrusion endplate spur complex protruding in to the neural foramina with postoperative changes. The injured worker's surgical history consists of a bilateral lumbar decompression at L4-5 and a foraminotomy at L5-S1. Per a clinical note dated 09/04/2014, the injured worker complained of low back pain, leg pain, and foot pain. The patient states, all have a constant presence, worse with a lot of walking, sitting, standing, or bending, better with medication or rest. His current medication regimen includes hydrocodone of which he takes at least 3, sometimes 4, a day, Naprosyn 2 usually at bedtime, and Flexeril 1 or 2 during the day. On a pain drawing, the injured worker placed a symbol for principal pain in the lumbar midline and bit more distal near the lumbosacral junction. He also shows a symbol to show burning and tingling fairly diffusely in both anterior thighs and legs and posterior thighs and legs, with symbols about the feet to include loss of sensation. The injured worker's posture, spinal curves, and gait are normal. The injured worker is able to walk on heel/toe and to squat and recover

without difficulty. The injured worker lumbar spine exam revealed a well healed incision in the low lumbar/lumbosacral midline. The treatment plan consisted of an MRI of the lumbar spine and an EMG and NCV/NCS of the left lower extremities. The rationale for the request was not provided for review. A Request for Authorization form was not submitted for review.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Lumbar: MRI

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, MRIs (magnetic resonance imaging)

Decision rationale: The Official Disability Guidelines state a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of a significant pathology. The injured worker was noted to have low back pain. The physical examination revealed no evidence of neurological deficits. Additionally, there was no evidence showing that an adequate course of conservative care, including physical therapy, had been attempted for the low back. Moreover, previous clinical information with details regarding the injured worker's history and treatment in regards to his low back was not provided in order to establish that a significant change had occurred. Therefore, based on the lack of clear, objective evidence of significant neurological deficits which have been shown to progress or change since the last time of his previous MRI, and details regarding his history and treatment of the low back, this decision for an updated MRI cannot be determined. Therefore, the request for an MRI of the lumbar spine is not medically necessary.

EMG-NCV/NCS of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 62. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter

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, NCS (nerve conduction studies).

Decision rationale: The CA MTUS/ACOEM Guidelines state electromyography may be useful to identify subtle, focal neurologic dysfunction in injured workers with low back symptoms lasting more than 3 or 4 weeks. In regards to nerve conduction studies, The Official Disability Guidelines state that these studies are not recommended for injured workers presumed to have symptoms on the basis of radiculopathy. In regards to the injured worker, the documentation provided for review indicated subjective complaints of low back pain were radicular symptoms.

However, the documentation did not clearly identify evidence of objective radiculopathy, emergence of a red flag, or physiologic evidence of tissue insult or neurologic dysfunction. Additionally, there was no clear evidence of peripheral neuropathy or entrapment neuropathy. Therefore, based on the lack of objective evidence of significant neurologic deficits in a nonspecific pattern, and documentation showing the failure of an adequate course of physical therapy, electromyography is not supported. Therefore, the request for an EMG-NCV/NCS of the lower extremities is not medically necessary.