

Case Number:	CM14-0156696		
Date Assigned:	09/26/2014	Date of Injury:	10/21/2013
Decision Date:	10/27/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/24/2014

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 Occupational 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:

This patient is a 32 y/o male who experienced bilateral knee injuries and subsequently developed persistent low back pain due to an injury dated 10/21/13. He was diagnosed with an acute left ACL tear and tibial plateau compression fracture. He also reinjured and tore a prior ACL repair on the right side. He experienced a subsequent ankle fracture due to a fall from left leg giving away. Over time he has developed low back pain which is described to cause burning and numbness into the back of the legs. The new physician describes a L5 left decrease in sensation during the initial evaluation. Subsequent evaluations have not repeated any neurologic exams of the lower extremities. A subsequent evaluation by a QME evaluator did not find any neurological changes. Evaluations prior to the new treating physician did not find any neurological changes suggestive of a radiculopathy. There have been 12 sessions of physical therapy recently requested and authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilateral low extremity is: Upheld

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

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

Decision rationale: MTUS Guidelines supports electrodiagnostic testing if there are persistent neurological findings that are not well explained with other methods including imaging. The requesting physician fails to document any persistent neurological findings. Repeat exams are not performed on follow up evaluations plus evaluations by other physicians has not duplicated the reported findings. The request for bilateral lower extremity EMG/NCV's is not consistent with Guidelines and is not medically necessary.

MRI lumbar without contrast: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRI imaging

Decision rationale: MTUS and ODG Guidelines recommend low back MRI scanning if there are suspected "red flag" conditions or persistent neurological changes. No red flag conditions are reported and the requesting physician fails to demonstrate persistent neurological changes. Follow up visits with the same physician do not document any ongoing neurological changes. In addition, subsequent evaluation by another physician specifically evaluates for neurological changes and did not find any. According to the records reviewed the request for the lumbar MRI is not consistent with Guidelines and is not medically necessary.