

Case Number:	CM14-0175113		
Date Assigned:	10/28/2014	Date of Injury:	11/08/2012
Decision Date:	12/04/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/22/2014

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 & Rehabilitation, and is licensed to practice in Illinois. 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 56-year-old male who reported an injury on 11/08/2012 due to an unknown mechanism. Diagnoses was torn medial meniscus, left knee, status post arthroscopy and partial medial meniscectomy, torn medial meniscus, right knee, and lumbar strain. The injured worker had an MRI of the lumbar spine on 06/13/2013 that revealed evidence of a 3 mm disc bulge at the L2-3, a 2 mm at the L3-4 and L5-S1, a 3 to 4 mm at the L4-5. The original MRI of the lumbar spine was not submitted. Physical examination on 07/17/2014 revealed complaints of bilateral knee and back pain. It was reported that since the last visit, the injured worker stated his knee was doing better. He did complain of lateral and medial pain, and behind the knee pain. The injured worker had complaints of stiffness in his back. Examination revealed incisions were healed, no swelling or effusion, range of motion was satisfactory. There was slight medial joint line tenderness. The right knee revealed slight medial tenderness with no effusion. McMurray's was positive medially. There was no instability. Examination of the lumbar spine revealed generalized tenderness with no spasms. Range of motion was painful. There were no neurological deficits in the lower extremities. It was noted that the injured worker had exaggerated pain symptoms for the right knee and lower back. It was also noted there was to be a referral for psychiatric request. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 Low Back, Nerve Conduction Studies (NCV)

Decision rationale: The California/ACOEM Guidelines state that an electromyography may be useful to identify subtle, focal neurologic dysfunction in injured workers with low back symptoms lasting more than 3 to 4 weeks. There was a lack of neurological deficits pertaining to the lumbar spine. The clinical note revealed complaints of low back stiffness. However, there is no evidence of a positive straight leg raise, sensation, motor strength, or reflex deficits. There is no indication of failure of conservative care treatment to include physical therapy. The California Medical Treatment Utilization Schedule and ACOEM do not address nerve conduction study. The Official Disability Guidelines state that nerve conduction velocity is not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. There is a lack of documentation indicating positive provocative testing indicating pathology to the lumbar that revealed lack of functional deficits. The clinical note revealed complaints of low back stiffness. However, there is no evidence of a positive straight leg, sensation, motor strength, or reflex deficits. There is no indication of failure of conservative care treatment to include physical therapy and medication management. Furthermore, the guidelines do not recommend nerve conduction studies for lower extremities. Therefore, the request for EMG/NCV bilateral lower extremities is not medically necessary.

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 Official Disability Guidelines (Minnesota Rules)- Imaging

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

Decision rationale: The California/ACOEM states unequivocal objective findings that identify specify nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider a surgery an option. When the neurologic examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings, such as disc bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging) (MRI) for neural or other soft tissue, computer tomography (CT) for bony structures. An imaging study may be appropriate for a patient whose limitations are due to consistent symptoms and have persisted for 1 month or more

to further evaluate the possibility of potentially serious pathology, such as a tumor. Imaging studies should be reserved for cases in which surgery is considered or red flag diagnosis are being evaluated. Physical examination dated 07/17/2014 revealed the injured worker had complaints of stiffness in his back. Examination did not reveal any red flags signs or symptoms. It was also stated that there were no neurological deficits in the lower extremities. There were no reports that conservative care had not helped the injured worker. There is a lack of documentation of objective functional deficits in the injured worker's examination. There were no other significant factors provided to justify an MRI of the lumbar spine. Therefore, this request is not medically necessary.