

Case Number:	CM14-0025793		
Date Assigned:	06/16/2014	Date of Injury:	01/01/2010
Decision Date:	07/22/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/28/2014

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:

The patient is a 46 year old female who was injured on 01/01/2010. The mechanism of injury is unknown. Prior treatment history has included physical therapy. An X-ray of the lumbar spine performed on 04/15/2014 revealed no congenital spinal stenosis. The conus ends in normal position without focal enlargement or abnormal signal. Bone marrow signal intensity is normal. There is a slight 2 mm retrolisthesis of L4 with respect to L5. The remainder is anatomic. Ortho re-evaluation dated 01/08/2014 revealed the patient complained of localized back pain to the lower spine with distal radiation into the right lower extremity. She stated her back is aggravated by prolonged walking, repetitive bending, and change of position. Objective findings on exam revealed normal posture and lordosis. Range of motion exhibited forward flexion to 60 degrees; extension to 15 degrees, right lateral bending to 22 degrees and left lateral bending to 20 degrees. She had paravertebral tenderness and positive straight leg raise on the right with pain. Diagnoses are discogenic pain L4-5 and L5-S1. The treatment and plan includes a MRI of the lumbar spine and EMG/NCV of the right lower extremity to rule out denervation, right lower extremity radiculopathy and lumbar disc protrusion. Prior utilization review dated 02/07/2014 denied EMG/NCV of the right lower extremity and MRI of the lumbar spine as an EMG is not recommended for low back conditions and because the patient has failed to respond to one month of conservative care. There is no necessity for a repeat MRI. A re-assessment is recommended and certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 EMG RIGHT LOWER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar and Thoracic (Acute and Chronic).

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, Lumbar & Thoracic, EMG.

Decision rationale: The ACEOM guidelines indicate that "When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." Further guidelines indicate that "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 ODG does not recommend EMGs without objective evidence of a radiculopathy. The patient had a previous MRI and EMG/NCS which was not provided. The medical records document patient has a right lower extremity radiculopathy and has refused surgery in past. There is no rationale provided for a repeat EMG or NCS due to little or no change in the objective findings of radiculopathy. Based on the guidelines and criteria as well as the clinical documentation stated above, the request for EMG of right lower extremity is not medically necessary.

1 MRI LUMBAR SPINE: Upheld

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

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 - Lumbar & Thoracic, MRIs.

Decision rationale: The ACEOM guidelines indicate that "When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." Further guidelines indicate that "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." The ODG recommends that there is no need for repeat MRIs if there has been no change in the signs and symptoms of radiculopathy, which is not reported in the medical records. Repeat MRIs are not recommended unless there is a progressive radiculopathy. The medical records do not provide the reports of the previous MRI. Exercise (HEP) is the standard for improving her symptoms which is not mentioned. There are no current records prior to February 2014. Based on the guidelines and criteria as well as the clinical documentation stated above, the request for MRI of lumbar spine is not medically necessary.

1 NCV RIGHT LOWER EXTREMITY: Upheld

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

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 - Lumbar & Thoracic, NCS.

Decision rationale: The ACOEM guidelines indicate "when the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The ODG indicates that "there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." The patient had a previous EMG/NCS which are not provided. The medical records document patient has a right lower extremity radiculopathy and has refused surgery in the past. There is no rationale provided for a repeat NCS due to little or no change in the objective findings of radiculopathy. Thus, the request for NCV of right lower extremity is not medically necessary and appropriate.