

Case Number:	CM14-0035838		
Date Assigned:	06/23/2014	Date of Injury:	07/02/2007
Decision Date:	07/22/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/24/2014

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 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 38-year-old male who reported an injury on 07/02/2007. The mechanism of injury was not provided within the medical records. The clinical note dated 01/23/2014 indicated the injured worker reported ongoing back pain in the mid back that was getting worse with time. On physical examination of the back, there was tenderness with increased pain on range of motion. The unofficial x-rays revealed significant subluxation of the facet joint at the L5-S1. The injured worker completed a trial of conservative treatment which included physical therapy, chiropractic treatment, acupuncture and an epidural injection. The AME report dated 09/19/2013 indicated on 07/26/2012 the unofficial x-ray revealed facet joint issues at C4-5 with extension in neutral position. The injured worker's prior treatments included diagnostic imaging, physical therapy to include chiropractic therapy and acupuncture and medication management. The provider's submitted request is for outpatient MRI of the lumbar spine and electromyogram and nerve conduction study of the bilateral lower extremities. A Request for Authorization was not submitted for review to include the date the treatment was requested.

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 cite any medical evidence for its decision.

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, MRIs (magnetic resonance imaging).

Decision rationale: The request for Outpatient MRI of lumbar spine is non-certified. The California MTUS/ACOEM Guidelines state unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. The Official Disability Guidelines further state repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). The injured worker had a prior MRI. The guidelines indicate a repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The documentation submitted did not indicate the injured worker had findings that would indicate a significant change in symptoms or significant pathology such as infection, fracture, neural compression or recurrent disc herniation. In addition, the provider failed to document a complete and adequate assessment. The medical necessity for imaging was not established. Therefore, the request for outpatient MRI of the lumbar spine is non-certified.

Electromyogram and nerve conduction study of bilateral lower extremities: 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): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, EMGs (electromyography), Low Back, Nerve conduction studies (NCS).

Decision rationale: The request for Electromyogram and nerve conduction study of bilateral lower extremities is non-certified. The CA MTUS/ACOEM guidelines recommend the detection of physiologic abnormalities, if no improvement after 1 month, consider needle EMG and H-reflex tests to clarify nerve root dysfunction. The guidelines do not recommend an EMG for clinically obvious radiculopathy. The Official Disability Guidelines state EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. The Official Disability Guidelines do not recommend nerve conduction studies as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. There was a significant lack of evidence that an adequate and thorough assessment has been made to warrant an electromyogram and nerve conduction of the bilateral lower extremities. In addition, there was a lack of a physical exam demonstrating significant functional deficits. Additionally, there was a lack of documentation of other treatments the injured worker underwent previously and the measures of progress as well as the efficacy of the prior treatments. Therefore, the request of electromyogram and nerve conduction study of bilateral lower extremities is non-certified.

