

Case Number:	CM14-0037575		
Date Assigned:	06/25/2014	Date of Injury:	03/19/1998
Decision Date:	07/28/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/28/2014

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 Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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 63 year-old with a date of injury of 03/19/98. A progress report associated with the request for services, dated 10/31/13, identified subjective complaints of mid and low back pain radiating into the legs. Objective findings included tenderness to palpation and decreased range-of-motion. Neurological examination revealed radicular deficits in motor and sensory function and reflexes. A CT in May of 2013 showed bridging of the lumbar bodies and multilevel foraminal stenosis. Diagnoses included spinal stenosis at L4-5; foraminal stenosis with radiculopathy; and failed L5-S1 fusion. Treatment has included a previous lumbar fusion, physical therapy, a spinal cord stimulator, injections, and multiple medications. A Utilization Review determination was rendered on 02/24/14 recommending non-certification of "Lumbar Flexion Extension X-rays 7 views; Electromyography (EMG); and Nerve Conduction Studies (NCS)".

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Flexion Extension X-rays 7 views: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8 Radiographs of lumbosacral spine. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment for Workers' Compensation- Flexion/extension imaging studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Flexion / Extension Imaging Studies.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Guidelines state lumbar spine x-rays may be appropriate if the physician believes that it would aid in patient management. The Official Disability Guidelines (ODG) state that flexion and extension x-rays are not recommended as a primary criteria for range of motion. However, they do note that they may be used to evaluate instability in anticipation of spinal fusion. The non-certification noted that flexion / extension x-rays are not recommended to evaluate range of motion. However, in this case, the patient is being evaluated for spinal fusion. Therefore, the record does document the medical necessity for x-rays including flexion and extension views of the lumbar spine.

Electromyography (EMG): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Treatment for Workers' Compensation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,309.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that for clinically obvious radiculopathy, electromyography (EMG) is not recommended. They note that an EMG may be indicated when the neurological exam is less clear before ordering imaging studies. There is no documentation that the physical examination is unclear. In this case, the patient exhibits signs and symptoms of a radiculopathy. Therefore, the record does not document the medical necessity for an electromyogram.

Nerve Conduction Studies (NCS): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Nerve Conduction Studies (NCS).

Decision rationale: The Medical Utilization Treatment Schedule (MTUS) does not address nerve conduction studies with low back injury. The Official Disability Guidelines (ODG) state that nerve conduction studies are: "... 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 no documentation of the necessity to further define a radiculopathy. In this case, the patient's signs and symptoms are compatible with a radiculopathy. Therefore, the request is not medically necessary for a nerve conduction study.