

Case Number:	CM14-0038329		
Date Assigned:	06/25/2014	Date of Injury:	05/15/2011
Decision Date:	12/30/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/01/2014

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 Family Medicine and is licensed to practice in Arizona. 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 is a 49 year old female who suffered a cumulative work related injury to the lower back and bilateral shoulders, with the dates from 01/01/2010 to 05/15/2011. Diagnoses include right shoulder sprain with tendonitis and impingement syndrome, left shoulder impingement syndrome, with possible labral tear, and multilevel disc protrusions. A physician note dated 2/20/2014 documents the injured worker complains of left leg ants crawling, and pins and needle sensation extending to the foot and three outer most toes. There is increased pain with prolonged walking and standing, and increase in low back pain with lifting and bending. Physical exam shows lumbar tenderness, muscle guarding, and decreased range of motion. Neurological exam was negative, except for hypoesthesia over the L5-S1 dermatome. Utilization review documents that she has received imaging, electrodiagnostic studies, chiropractic, medication and orthopedic evaluations. In addition the UR documents a Magnetic Resonance Imaging of the lumbar spine done on 01/07/2012 showed multiple disc protrusions, and lower extremity electrodiagnostic studies in 2011 which were normal. Treatment requested was for an updated Magnetic Resonance Imaging, and nerve conduction studies of the lumbar sacral spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Updated MRI of lumbar spine (L/S): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRI

Decision rationale: ACOEM recommends MRI of lumbar spine when cauda equina, tumor, infection, or fractures are strongly suspected or if the patient has had prior back surgery. The ODG recommends MRI exam for uncomplicated back pain with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. Also if there is suspicion for cancer, infection, or other "red flags". This patient did not show signs/symptoms suggestive of tumor, infection, fracture, or progressive neurologic deficit. Furthermore, the patient had a prior lumbar MRI, and symptoms do not appear to be progressive from the last exam. Therefore, the request for a Lumbar MRI is not medically necessary.

Updated NCS (nerve conduction study) of L/S: Upheld

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

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

Decision rationale: CA MTUS suggests that EMG/NCS may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The ODG recommends that EMG may be useful to obtain unequivocal evidence of radiculopathy after one month of conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. The ODG does not recommend NCS due to minimal justification for performing NCS when a patient is presumed to have symptoms of radiculopathy, rather EMG is recommended as an option. For this patient, lumbar radicular signs are present, and the patient has had prior electrodiagnostic studies in 2011. It is not apparent that symptoms have significantly changed since that time. Therefore, the medical necessity for NCS is not established at this time.