

Case Number:	CM14-0038752		
Date Assigned:	06/27/2014	Date of Injury:	01/23/2003
Decision Date:	08/14/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/02/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Pain Management. 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 female patient with the date of injury of January 28, 2003. A Utilization Review was performed on March 19, 2014 and recommended non-certification of MRI of the lumbar spine, CT scan of the lumbar spine, and EMG/NCV of the bilateral lower extremities. A Progress Report dated March 19, 2014 identifies the patient continues to complain of low back pain with pain radiating down to her lower extremities. No objective findings or diagnoses are identified on this report. Plan identifies request an MRI of the lumbar spine as well as a CT scan of the lumbar spine to evaluate the patient's ongoing lumbago and lumbar radiculopathy. Electromyography and nerve conduction test was also recommended.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRIs (magnetic resonance imaging).

Decision rationale: Regarding the request for MRI of the lumbar spine, Occupational Medicine Practice Guidelines state that 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 would consider 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. Official Disability Guidelines states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Within the documentation available for review, there is no identification of any objective findings that identify specific nerve compromise on the neurologic exam. Additionally, there is no statement indicating what medical decision-making will be based upon the outcome of the currently requested MRI. In the absence of clarity regarding those issues, the currently requested MRI of the lumbar spine is not medically necessary.

Computed tomography (CT) scan of the lumbar spine: 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 - Lumbar & Thoracic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, CT (computed tomography).

Decision rationale: Regarding the request for CT scan of the lumbar spine, CA MTUS states CT is recommended for patients with acute or subacute radicular pain syndrome that have failed to improve within 4 to 6 weeks and there is consideration for an epidural glucocorticoid injection or surgical discectomy. Official Disability Guidelines state CT is indicated for thoracic or lumbar spine trauma, myelopathy to evaluate pars defect not identified on plain x-rays, and to evaluate successful fusion if plain x-rays do not confirm fusion. Within the documentation available for review, there are no physical examination findings consistent with radicular pain syndrome that has failed to improve. There is no mention of trauma, myelopathy, or a recent fusion. In the absence of such documentation, the currently requested computed tomography (CT) scan of the lumbar spine is not medically necessary.

Electromyography (EMG) of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability, Low Back - Lumbar & Thoracic.

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 Chapter, Electrodiagnostic Studies.

Decision rationale: Regarding the request for Electromyography of the bilateral lower extremities, the Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. Official Disability Guidelines states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, there are no physical examination findings supporting a diagnosis of specific nerve compromise. Additionally, if such findings are present but have not been documented, there is no documentation that the patient has failed conservative treatment directed towards these complaints. In the absence of such documentation, the currently requested Electromyography of the bilateral lower extremities is not medically necessary.

Nerve conduction velocity (NCV) of the bilateral lower extremities: 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 - Lumbar & Thoracic.

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 Chapter, Electrodiagnostic Studies.

Decision rationale: Regarding the request for nerve conduction velocity of the bilateral lower extremities, the Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. Official Disability Guidelines states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, there are no physical examination findings supporting a diagnosis of specific nerve compromise. Additionally, if such findings are present but have not been documented, there is no documentation that the patient has failed conservative treatment directed towards these complaints. In the absence of such documentation, but currently requested NCV of the bilateral lower extremities is not medically necessary.