

Case Number:	CM14-0042418		
Date Assigned:	07/02/2014	Date of Injury:	06/07/2008
Decision Date:	08/12/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/08/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 7, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier lumbar fusion surgery; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a utilization review report dated March 27, 2014, the claims administrator denied a request for lumbar MRI imaging and bilateral lower extremity electrodiagnostic testing, citing illegible reports on the part of the attending provider. The claims administrator did not, furthermore, incorporate cited guidelines into its rationale and suggested that the applicant had earlier MRI imaging, which established a solid lumbar fusion. The applicant's attorney subsequently appealed. A handwritten progress note of March 7, 2014 was notable for comments that the applicant had constant low back pain. The note was difficult to follow. It was difficult to discern whether or not the attending provider was reporting radiating leg pain or not. Positive straight leg raising and diminished lumbar range of motion were noted. Hypo-sensorium was noted about the left foot. The applicant was described as permanent and stationary. A variety of medications, including tramadol, Terocin, cyclobenzaprine, Zofran, and Prilosec were endorsed along with MRI imaging of the lumbar spine and electrodiagnostic testing of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Lumbar Spine: Upheld

Claims Administrator 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 Chapter, MRIs (magnetic resonance imaging).

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

Decision rationale: While the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309 do endorse MRI imaging as a test for choice for the applicants who have had prior lumbar spine surgery, in this case, however, no rationale was attached to the request for authorization for testing. It was not clearly stated how repeat lumbar MRI imaging would alter or influence the treatment plan. It was not clearly stated whether or not the applicant was actively considering or contemplating further lumbar spine surgery. As noted previously, the documentation of file was sparse, handwritten, not entirely legible, and difficult to follow. Therefore, the request for MRI of Lumbar Spine is not medically necessary.

Bilateral Lower Extremities EMG: Upheld

Claims Administrator 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 Chapter, Electromyography (EMG).

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, EMG testing for a clinically obvious radiculopathy is deemed not recommended. In this case, the applicant already apparently has an established diagnosis of lumbar radiculopathy, clinically evident and is status post lumbar fusion for the same. It is not clearly stated why EMG testing is needed at this point in time and/or how it would influence the treatment plan. It was not clearly stated that the applicant was considering further interventional procedures and/or surgery involving the lumbar spine based on the outcome of the EMG testing in question. As noted previously, the documentation on file was sparse, handwritten, and difficult to follow. Therefore, the request for Bilateral Lower Extremities EMG is not medically necessary.