

Case Number:	CM14-0043647		
Date Assigned:	07/02/2014	Date of Injury:	12/10/2002
Decision Date:	12/15/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/10/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 71-year-old female with a 12/3/02 date of injury. At the time (3/4/14) of request for authorization for repeat MRI of lumbar spine, repeat electromyography of bilateral lower spine, and repeat nerve conduction velocity of bilateral lower spine, there is documentation of subjective (low back pain radiating to both ankles) and objective (decreased lumbar range of motion and decreased bilateral achilles tendon reflex) findings, imaging findings (reported MRI lumbar spine (11/2/11) revealed grade 1 L4-5 anterolisthesis, left L4 impingement and right side encroachment of neural foramen, small central canal and short pedicles L3-4 through L5-S1, displacement of the right L2, and left greater than right L5 nerve roots; report not available for review), current diagnoses (thoracic/lumbosacral neuritis/radiculitis), and treatment to date (medications). Medical report identifies a request for MRI lumbar spine to rule out new injury versus/progressive injury based on increase in symptoms; and a request for electromyography / nerve conduction velocity of bilateral lower extremities to rule out lumbar radiculopathy with new findings/worsening of symptoms. Regarding repeat MRI of lumbar spine, there is no documentation to diagnose a change in the patient's condition marked by new or altered physical findings; and an imaging report. Regarding repeat electromyography of bilateral lower spine and repeat nerve conduction velocity of bilateral lower spine, there is no documentation of progressive neurologic findings; and that the etiology of the radicular symptoms is not explained by MRI or other diagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI of lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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) Minnesota Rules, 5221.6100 Parameters for Medical Imaging

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of MRI. ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat MRI. Within the medical information available for review, there is documentation of a diagnosis of thoracic/lumbosacral neuritis/radiculitis. In addition, there is documentation of previous MRI of lumbar spine. However, despite documentation of subjective (low back pain radiating to both ankles) and objective (decreased lumbar range of motion and decreased bilateral achilles tendon reflex) findings, and a request for MRI lumbar spine to rule out new injury versus/progressive injury based on increase in symptoms, there is no (clear) documentation that repeat study is indicated to diagnose a change in the patient's condition marked by new or altered physical findings. In addition, despite documentation of medical reports' reported imaging finding (MRI of lumbar spine identifying grade 1 L4-5 anterolisthesis, left L4 impingement and right side encroachment of neural foramen, small central canal and short pedicles L3-4 through L5-S1, displacement of the right L2, and left greater than right L5 nerve roots), there is no documentation of an imaging report. Therefore, based on guidelines and a review of the evidence, the request for repeat MRI of lumbar spine is not medically necessary.

Repeat electromyography of bilateral lower spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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, Electrodiagnostic studies Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Velocity Studies (http://www.aetna.com/cpb/medical/data/500_599/0502.html)

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy and in cases where clinical findings are unclear, there is a discrepancy in imaging, or to identify other etiologies of symptoms, as criteria necessary to support the medical necessity of electrodiagnostic studies. Medical Treatment Guideline necessitates documentation of an interval injury or progressive neurologic findings to support the medical necessity of a repeat study. Within the medical information available for review, there is documentation of a diagnosis of thoracic/lumbosacral neuritis/radiculitis. In addition, there is documentation of previous electromyography of bilateral lower spine. However, despite documentation of subjective (low back pain radiating to both ankles) and objective (decreased lumbar range of motion and decreased bilateral achilles tendon reflex) findings, and a request for electromyography of bilateral lower extremities to rule out lumbar radiculopathy with new findings/worsening of symptoms, there is no (clear) documentation of an interval injury or progressive neurologic findings. In addition, given documentation of an associated request for MRI of lumbar spine, there is no documentation that the etiology of the radicular symptoms is not explained by MRI or other diagnostic studies. Therefore, based on guidelines and a review of the evidence, the request for repeat electromyography of bilateral lower spine is not medically necessary.

Repeat nerve conduction velocity of bilateral lower spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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, Electrodiagnostic studies Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Velocity Studies (http://www.aetna.com/cpb/medical/data/500_599/0502.html)

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy and in cases where clinical findings are unclear, there is a discrepancy in imaging, or to identify other etiologies of symptoms, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, ODG does not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Medical Treatment Guideline necessitates documentation of an interval injury or progressive neurologic findings to support the medical necessity of a repeat study. Within the medical information available for review, there is documentation of a diagnosis of thoracic/lumbosacral neuritis/radiculitis. In addition, there is documentation of previous nerve conduction velocity of bilateral lower spine. However, despite documentation of subjective (low back pain radiating to both ankles) and objective (decreased lumbar range of motion and decreased bilateral achilles tendon reflex) findings, and a request for nerve conduction velocity of bilateral lower extremities

to rule out lumbar radiculopathy with new findings/worsening of symptoms, there is no (clear) documentation of an interval injury or progressive neurologic findings. In addition, given documentation of an associated request for MRI of lumbar spine, there is no documentation that the etiology of the radicular symptoms is not explained by MRI or other diagnostic studies. Therefore, based on guidelines and a review of the evidence, the request for repeat nerve conduction velocity of bilateral lower spine is not medically necessary.