MAXIMUS Federal Services

Case Number:	CM14-0052854		
Date Assigned:	07/07/2014	Date of Injury:	01/31/2011
Decision Date:	08/27/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/21/2014

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 Geriatrics and is licensed to practice in New York. 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 injured worker is a man with a date of injury of 1/31/11. He is status post recurrent left inguinal hernia repair and release of left ilioinguinal nerve compression on 1/20/14. His primary treating physician saw him on 3/20/14 with complaints of persistent pelvic pain. His physical exam showed no signs of hernia, infection or erythema. His pain was not felt to be due to a hernia. His diagnoses were status post left inguinal hernia repair, lumbar radiculopathy and left pelvic pain. At issue in this review is the request for a lumbar magnetic resonance imaging (MRI) and electromyogram/nerve conduction study (EMG/NCS) 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:

Magnetic Resonance Imaging (MRI) of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 21.

Decision rationale: This injured worker has had chronic pelvic pain and is status post a left inguinal hernia repair. Magnetic resonance imaging (MRI) can be useful to identify and define low back pathology in disc protrusion and spinal stenosis. However, his physical exam does not

show any signs of radicular pain. In the absence of physical exam evidence of red flags, a MRI of the lumbar spine is not medically indicated.

Electromyography (EMG) of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-326.

Decision rationale: Electromyography (EMG) may help identify subtle focal neurologic dysfunction in patients with low back symptoms, or both, lasting more than three or four weeks. However, his physical exam does not show any signs of radicular pain. There are no red flags on physical exam to warrant further imaging, testing or referrals. The records do not support the medical necessity for an EMG of the bilateral lower extremities.

Nerve Conduction Velocity (NCV): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-326.

Decision rationale: Nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with low back symptoms, or both, lasting more than three or four weeks. However, his physical exam does not show any signs of radicular pain. There are no red flags on physical exam to warrant further imaging, testing or referrals. The records do not support the medical necessity for NCV of the bilateral lower extremities.