

Case Number:	CM14-0062280		
Date Assigned:	07/11/2014	Date of Injury:	08/30/2012
Decision Date:	08/18/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/05/2014

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 patient is a 30 year old male who was injured on 08/30/2012. The mechanism of injury is unknown. The patient underwent right sacroiliac joint injection under fluoroscopic guidance; non-dural puncture arthrogram with interpretation of a dye on 10/30/2013 and 09/18/2013. Diagnostic studies reviewed include recent MRI of the lumbar spine dated 03/11/2014 was reviewed. Progress report dated 03/10/2014 states the patient is having flare-ups of his low back pain and increases with activities. He stated he has noted improvement in symptoms with functional restoration therapy. On exam, the lumbar spine revealed tenderness to palpation in the mid and lower paravertebral muscles. Range of motion is flexion to 25 degrees; 20 degrees lateral bending; 20 degrees left lateral bending; 25 degrees right lateral rotation; 30 degrees left lateral rotation and extension to 10 degrees. There is an increased pain with lumbar flexion and extension. There is patchy, decreased sensation in the bilateral lower extremities, most notably at the L5 distribution. There is Grade 4+/5 strength of the left extensor hallucis longus and tibialis anterior. The patient is diagnosed with lumbar spine strain, lumbar radiculopathy, and lumbar disc protrusion at L3-4 and L4-5. The patient was recommended for functional restoration sessions, MRI of the lumbar spine and EMG of the bilateral lower extremities. Prior utilization review dated 04/09/2014 states the requests for Functional Restoration Program, MRI of the lumbar spine, Electromyography (EMG) of the lower extremities and Nerve Conduction Velocity of the lower extremities were denied as there is no documented improvement from the patient's previous functional program, no clinical indication for a repeat MRI and EMG/NCV is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s): 30-34. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Functional Restoration Programs.

Decision rationale: According to MTUS guidelines, Functional Restoration Programs may be indicated for patients in whom standard treatment options have been exhausted, there is a significant loss of ability to function, surgery is not being considered, there is motivation to change and forego secondary gains, and negative predictors of success have been addressed. Program participation is not recommended for longer than 2 weeks without evidence of efficacy. In this case the patient is already participating in a Functional Restoration Program. However, medical records fail to demonstrate clinically significant functional improvement or pain reduction. Medical necessity is not established.

MRI of the 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 (ODG)- Low Back Chapter.

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: According to MTUS and ODG guidelines, lumbar MRI is indicated for trauma with neurologic deficit, suspected red flag conditions, and myelopathy. Repeat MRI is not recommended but for a significant change in symptoms or findings. Medical records fail to establish significant interval change in terms of symptoms or exam findings, which remain unchanged. Medical necessity is not established.

Electromyography (EMG) of the lower extremities: Upheld

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

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, Electromyography.

Decision rationale: According to MTUS guidelines, Electromyography may be useful to obtain unequivocal evidence of radiculopathy when it is not clinically obvious. In this case the patient has clinically obvious radiculopathy, which is stable and unchanged. He has had a lumbar MRI and several lumbar procedures in the past. Medical necessity is not established.

Nerve Conduction Velocity of the lower extremities: 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), Low Back, Nerve Conduction Studies.

Decision rationale: According to MTUS guidelines, Nerve Conduction Studies are not recommended as they have limited overall diagnostic accuracy. In this case the patient has known, stable radiculopathy without significant change in symptoms or examination findings. Medical necessity is not established.