

Case Number:	CM14-0074333		
Date Assigned:	07/16/2014	Date of Injury:	10/20/2011
Decision Date:	09/16/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/22/2014

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 Illinois. 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 an injured male worker with a date of injury of October 20, 2011. On January 10, 2012, he complained of back pain with radiation down the left leg. Imaging studies showed a lateral bulge at the level of L4-5 of his lumbar spine with a positive straight leg raise test at 70-degrees on the left. On May 29, 2013, he complained of 6-8/10 pain of the lumbar spine with a positive straight leg raise test at 60-degrees on the right and 45-degrees on the left. On March 21, 2014, the injured worker had increased pain in the lumbar spine and pain in the thoracic spine. He had tenderness throughout the thoracic and lumbar spine areas, decreased sensation in the L5-S1 dermatomal distribution and a positive straight leg raise (unspecified). Magnetic resonance imaging and electromyogram/nerve conduction velocity studies were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Electrodiagnostic Studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Nerve conduction studies (NCS).

Decision rationale: There is not enough medical necessity to perform nerve conduction studies when an injured worker is presumed to have symptoms on the basis of a condition in which the nerves are affected in someone's body. This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. This injured worker has radiculopathy with a known disc bulge. Medical necessity for this test for this injured worker has not been shown to be beneficial over and above or in addition to a magnetic resonance imaging, which has already been certified. Therefore, the requested electromyogram/nerve conduction velocity of the bilateral lower extremities is not considered medically necessary.

MRI lumbar/thoracic spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRIs (magnetic resonance imaging).

Decision rationale: A repeat magnetic resonance imaging test is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g. tumor, infection, fracture, neuro compression, recurrent disc herniation). However, this injured worker has worsening pain in the lumbar spine which has extended to his thoracic spine; he also has continued positive straight leg raise test. A magnetic resonance imaging test is an appropriate test to work up his increased signs and symptoms. Therefore, it is considered medically necessary.