

Case Number:	CM14-0075965		
Date Assigned:	07/16/2014	Date of Injury:	06/01/2002
Decision Date:	08/27/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/23/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 56-year-old male who reported an injury on 06/01/2002 caused by an unspecified mechanism. The injured worker's treatment history included medications. The injured worker was evaluated on 02/28/2014, and it was documented that the injured worker complained of significant low back that radiates to the lower extremities with numbness and tingling as well as knee pain. Physical examination of the lumbar spine revealed tenderness from mid to distal lumbar segments. There was pain with terminal motion and seated nerve root test was positive. There was dysesthesia at the L5 and S1 dermatomes. Bilateral knees examination was unchanged. There was tenderness at the right greater than left knee joint line. There was a positive McMurray's sign. There was a positive patellar compression test. There was pain with terminal flexion. Diagnoses included lumbar discopathy and internal derangement bilateral knees. The provider failed to include conservative care measures for this review. The Request for Authorization or rationale were not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar: 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 - Indications for imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for the Magnetic Resonance Images of the Lumbar Spine is not medically necessary. ACOEM guidelines recommend imaging studies when physiologic evidence identifies specific nerve compromise on the neurologic examination. There was no conservative care treatment submitted for the injured worker. There is a lack of objective findings identifying specific nerve compromise to warrant the use of imaging. There is also no indication of red flag diagnoses or the intent to undergo surgery. Given the above, the request is not medically necessary.

Bilateral lower extremity EMG: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for electromyography of the bilateral upper extremities is not medically necessary. The CA MTUS/ACOEM guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. The guidelines state the criteria for ordering imaging studies are: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; There was no conservative care treatment submitted for the injured worker. The documents submitted for review lacked evidence of neurological findings suggestive of lumbar nerve root compression or cord pathology. Given the above, the request is not medically necessary.