

Case Number:	CM14-0079120		
Date Assigned:	07/18/2014	Date of Injury:	01/29/2011
Decision Date:	08/29/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/29/2014

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 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 36-year-old female Food Service Worker who suffered an injury to her lower back while carrying a box of meat to the grill station on 1/29/13. The treating physician report dated 6/27/14 indicates that the injured worker continues to complain of chronic lower back pain and severe bilateral leg pain. It was noted she underwent lumbar ESI on 3/21/14 with no relief. Records also indicate she had an updated nerve study completed in the lower extremities on 5/9/14 which demonstrated bilateral L5 and S1 radiculopathy. Examination findings dated 4/23/14 show negative SLR bilaterally, motor strength is normal and left Achilles reflex is 1+. The current diagnosis is Lumbago and Sciatica. The utilization review report dated May 5 2014 denied the request for lumbar spine MRI without contrast, and bilateral lower extremity NCV and EMG on the basis of prior MRI with findings of disc protrusion without nerve root compression and no focal neurological findings on examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine MRI without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines On line: (http://www.odg-twc.com/odgtwc/Low_Back.htm).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The patient presents with worsening lower back pain and bilateral leg pain. The current request is for lumbar spine MRI without contrast. ODG guidelines state MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, and recurrent disc herniation). In this case, the injured worker continues to have chronic lower back pain with severe bilateral leg pain. An epidural steroid injection failed to provide relief. An updated nerve study completed 5/4/14 demonstrated bilateral L5/S1 radiculopathy. Clinical findings have not improved with ESI and in fact, leg pain has become severe. Furthermore, records indicate diminishment of the S1 reflex. The ODG guidelines do state that a repeat MRI may be indicated with a change in findings suggestive of significant pathology such as nerve compression therefore this request is medically necessary.

Bilateral Lower Extremities NCV & EMG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines ([http://www.odg-twc.com/odgtwc/Low Back.htm](http://www.odg-twc.com/odgtwc/Low%20Back.htm)).

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The patient presents with worsening low back pain and bilateral leg pain. The current request is for Bilateral Lower Extremities NCV & EMG. The utilization review report dated 5/5/14 modified the request and authorized the EMG component of the test. The ODG guidelines state the following regarding NCV studies: "There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." With respect to EMG, recommended as an option (needle, not surface). EMG's (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after one month of conservative therapy. Because the injured worker's condition has failed to improve following ESI and she is now complaining of severe bilateral leg symptoms, it becomes necessary to identify if radiculopathy is present therefore, the recommendation for bilateral EMG/NCV of the lower extremities is not medically necessary.