MAXIMUS Federal Services

Case Number:	CM14-0079990		
Date Assigned:	07/18/2014	Date of Injury:	12/21/2011
Decision Date:	10/02/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	05/30/2014

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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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 57-year-old male who was reportedly injured on 12/21/2011. The mechanism of injury is noted as intermittent neck, shoulders and knee pain due to the repetitive nature of his work. There is also notation of an incident when the claimant suffered an injury when the tool he was using to loosen a large bolt slipped and caused him to injury his back. The injured worker participated in one or two sessions of physical therapy. A magnetic resonance image scan of the lumbar spine was performed previously to seeing [redacted]. This previous MRI revealed positive findings, although that report and findings are not available for review. The injured worker received an epidural steroid injection and afterwards the injured worker had headaches, neck and shoulder pain that radiates down to the upper extremities. The injured worker attributed these symptoms to the injection. A magnetic resonance image scan was performed on the neck which revealed abnormalities. Cervical x-ray showed mild degeneration at C5-C6. Lumbar x-ray showed narrowing at L5-S1. A request was made for magnetic resonance image of the lumbar spine, electromyogram of the bilateral upper and lower extremities, nerve conduction velocity of the bilateral upper and lower extremities and was denied by utilization review on 05/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG-TWC -MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar spine, MRI

Decision rationale: The physical exam of 12/7/13 revealed no neurologic deficits. The motor and sensory exam of the lower extremities indicates that they are intact. Deep tendon reflexes of patellar, ankle and plantar reflexes are cited as normal. Both ACOEM and ODG holds that Imaging is not necessary when there are no "unequivocal objective findings." Furthermore warning is given against "indiscriminate imaging" as the literature shows that abnormalities arise which have no clinical correlation and leads to unnecessary treatment. Therefore, the request is not medically necessary.

EMG/NCV of the bilateral upper and lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 178, 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Compensation, Neck & Upper Back Procedure summary (updated 12/16/13) and Official Disability Guidelines (ODG) Treatment in Workers' Compensation, Lower Back Procedure summary (updated 3/31/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 178 and 303.

Decision rationale: The physical exam of 12/7/13 revealed motor deficits of the right grip strength compared to the left. The sensory exam of the bilateral upper extremities is intact. The Bilateral lower extremities revealed no neurologic deficits such as sensory motor or DTR losses. Both ACOEM and ODG hold that electrodiagnostic testing may identify subtle neurologic deficits not evident on physical exam especially if there are confounding premorbidities. There are no comorbidities noted on the office physical and history of 12/7/13. While there may be an indication for electrodiagnostic testing of the affected right upper extremity, there is no indication to warrant bilateral upper and lower extremity NCV/EMG testing. Therefore, the request is not medically necessary.