

Case Number:	CM14-0000236		
Date Assigned:	01/10/2014	Date of Injury:	02/21/2006
Decision Date:	01/22/2015	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/31/2013

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 Rehab, has a subspecialty in Interventional Spine, 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 62 year old male with an injury date of 02/21/06. Based on the 11/11/13 progress report, the patient complains of pain in his left sacroiliac joint and pain radiating down his leg when he elevates his leg. "He is able to extend his leg but had pain with radiation down his left leg, particularly focused in his left sacroiliac joint. The 12/09/13 report states that the patient "did have physical therapy but otherwise no treatment has been given. No further positive exam findings were provided. The patient's diagnoses include the following: L/S strain SI joint left dysfunction Left leg radiculopathy The utilization review determination being challenged is dated 12/18/13. There were two treatment reports provided from 11/11/13 and 12/09/13 which were both brief with minimal findings.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG LUMBAR: MRI

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

Decision rationale: The patient presents with pain in his left sacroiliac joint and pain radiating down his leg when he elevates his leg. The request is for a MRI of the lumbar spine. The two progress reports provided do not reference prior MRI but the reports were brief with minimal information. The patient's injury is from 2006. For special diagnostics, ACOEM Guidelines page 303 states "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG guidelines, Low Back Chapter, MRI Topic, state that, "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 (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)." In this case, there is no physical examination of the lumbar spine and no rationale is provided for this request. There is no review of the patient's treatment history and discussion of prior MRI. There are no new injury, significant change in symptoms, neurologic deficits, red flags, to require an updated MRI. The requested MRI of the lumbar spine is not medically necessary.

EMG (electromyography) of the bilateral upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG NECK AND UPPER BACK CHAPTER

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 206. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The patient presents with pain in his left sacroiliac joint and pain radiating down his leg when he elevates his leg. The request is for an EMG of the bilateral upper extremity. There is no indication that the patient had any prior EMG of the bilateral upper extremity. For EMG of the upper extremities, the ACOEM Guidelines page 206 states that electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. The ODG guidelines state that EMG is recommended as an option in selected cases. There is no prior EMG testing found in the medical records provided. In this case, the patient complains of pain radiating down his legs. There are no cervical spine symptoms with radicular symptomatology in the upper extremities. Furthermore, there were no positive exam findings regarding the upper extremities provided. The reason for the request was not provided. The requested EMG of the bilateral upper extremities is not medically necessary.

NCS (nerve conduction studies) of the bilateral upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG NECK AND UPPER BACK CHAPTER

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 206. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic) chapter, Electrical stimulation Electrodiagnostic studies (EDS)

Decision rationale: The patient presents with pain in his left sacroiliac joint and pain radiating down his leg when he elevates his leg. The request is for a NCS of the bilateral upper extremity. There is no indication that the patient had any prior NCS of the bilateral upper extremity. For NCV of the bilateral upper extremities, the ACOEM Guidelines page 206 states that electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. ODG guidelines has the following regarding EDX and Carpal Tunnel Syndrome, "Recommended in patients with clinical signs of CTS who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary." There are no prior NCV testing provided in the medical file. In this case, the patient complains of pain radiating down his legs. There are no cervical spine symptoms with radicular symptomatology in the upper extremities. Furthermore, there were no positive exam findings regarding the upper extremities provided. The reason for the request was not provided. The requested NCS of the bilateral upper extremities is not medically necessary.