

Case Number:	CM14-0174711		
Date Assigned:	10/31/2014	Date of Injury:	11/10/2013
Decision Date:	01/30/2015	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/21/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 patient is a 21 year old female who was injured on 11/10/2013. The diagnoses are lumbar radiculopathy, lumbar facet syndrome, hip bursitis, low back and hip pain. The 2014 MRI of the hip did show bone stress response of the sacrum and posterior element edema of L4 and L5. Dr. [REDACTED] noted that the 11/20/2013 X-rays of the lumbar spine was reported as normal. The patient completed PT and home exercise program. There was subjective complaint of low back pain radiating to the right lower extremity associated with numbness and paresthesia of the right lower extremity. There was objective finding of tenderness of tenderness over the lumbar and trochanter areas, positive FABER test and sensory loss over the right L4 and L5 dermatomes. The medication listed is ibuprofen and Tylenol. A Utilization Review determination was rendered on 9/18/2014 recommending non certification for bilateral lower extremity NCS/EMG and Lumbar MRI without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of the right lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-online version - Low Back - Electrodiagnostic Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Low and Upper Back

Decision rationale: The CA MTUS did not address the use of NCV/EMG in the evaluation of lumbar radiculopathy. The ODG guidelines recommend that NCV/EMG can be utilized in the evaluation of neurological deficits of the lower extremities when clinical and radiological examinations are inconclusive. The records show that the patient had subjective and objective findings consistent with lumbar radiculopathy. The lumbar spine X-ray and the MRI of the Hip had inconclusive findings of the lumbar spine. An MRI of the lumbar spine had not been completed. The criteria for NCS/EMG lower extremities had not been met. The request is not medically necessary.

Lumbar MRI without contrast: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-online version - Low Back MRI studies

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back

Decision rationale: The CA MTUS did not address the use of MRI in the evaluation of lumbar radiculopathy. The ODG guidelines recommend that MRI of the lumbar spine can be utilized in the evaluation of neurological deficits of the lower extremities when clinical and radiological examinations are inconclusive. The records show that the patient had subjective and objective findings consistent with lumbar radiculopathy. The lumbar spine X-ray was reported as normal. The MRI of the hip was noted to show some abnormal findings in the lumbar sacral spine. An MRI of the lumbar spine had not been completed. The criteria for MRI of the lumbar spine without contract was met. The request is medically necessary.