

Case Number:	CM14-0178194		
Date Assigned:	10/31/2014	Date of Injury:	02/24/2014
Decision Date:	01/02/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/27/2014

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 Maryland. 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 58 year old with a date of injury of 2/24/14. The diagnoses include herniated nucleus lumbar pulposus and lumbosacral sprain. Under consideration are requests for x-ray of the lumbar spine; x-ray of the left knee; and EMG/NCV of the bilateral lower extremities. There is handwritten and partially legible progress note dated 8/27/14 that states that the patient feels mild improvement. The patient has low back pain radiating to the bilateral legs. There is no numbness. Pain is aggravated with twisting and bending. On exam, there is decreased lumbar range of motion. There is positive bilateral straight leg raise. There is decreased sensation in the lateral right foot. The treatment plan states that a lumbar epidural steroid injection was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: X-ray of the lumbar spine is not medically necessary per the MTUS ACOEM Guidelines. The MTUS guidelines state that lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. The documentation states that MRI was performed on 04/04/14. The patient was noted to have undergone lumbar x-rays in April 2014. It is unclear how lumbar x-rays would change the patient management. There are no new red flag conditions or progressive neurological deficits. Therefore, this request is not medically necessary.

X-ray of the Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 342-343.

Decision rationale: X-ray of the left knee is not medically necessary per the MTUS ACOEM Guidelines. The MTUS guidelines state that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. The documentation does not reveal evidence of what conservative care was done for the left knee or evidence of red flag conditions. Therefore, the left knee x-ray is not medically necessary.

EMG/NCV of the Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Electrodiagnostic Studies (EDS)

Decision rationale: EMG/NCV bilateral lower extremities are not medically necessary per the MTUS ACOEM Guidelines and the Official Disability Guidelines. The MTUS states that Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The Official Disability Guidelines state that nerve conduction studies (NCS) which are not recommended for low back conditions, and EMGs (Electromyography) are recommended as an option for low back. The documentation indicates that epidural steroid injections were authorized for the patient's radicular symptoms. There is no evidence on physical examination to suggest peripheral polyneuropathy or entrapment/compression neuropathy. Therefore, the request for EMG/NCV of the bilateral lower extremities is not medically necessary.