

Case Number:	CM14-0184238		
Date Assigned:	11/12/2014	Date of Injury:	11/01/2013
Decision Date:	01/15/2015	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/04/2014

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 Family Medicine 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:

This is a 22 year old male patient who sustained a work related injury on 11/1/13. The exact mechanism of injury was not specified in the records provided. The current diagnoses include right leg radiculopathy and status post L4-L5 laminectomy and micro discectomy on April 1, 2014. Per the doctor's note dated 9/25/14, patient had complaints of low back pain and cramps, with tingling and headaches at 3/10. Physical examination revealed normal gait, decreased pain to palpation and spasms, 50% flexion and extension, 60% side-to-side bending, 5/5 strength, intact sensation and reflexes, and negative straight leg raise bilaterally. Per the doctor's note dated 11/20/14, patient had complaints of back pain with recurrence of the left side leg and foot pain bilaterally at 2-7/10. Physical examination revealed normal gait, muscle spasm, tenderness on palpation, limited range of motion, 5/5 strength, normal sensation and reflexes and negative SLR. Per the notes, his right leg was getting significantly worse with weakness and episodes of giving way. The patient was noted to have recurrent right leg radiculopathy. The current medication lists include Oxycodone, Lyrica, Butran Patch, Norco, Colace, Miralax and Soma. He had a very large disc extrusion preoperatively on the MRI at L4-5; a repeat MRI on 10/14/14, that revealed recurrent disc herniation at L4-5 and also disc protrusions at L3-4, L4-5 and L5-S1, degenerative disc disease at the three levels. He underwent a right L4-5 laminotomy and microdiscectomy on 4/1/14. The patient has received 16 physical therapy visits and chiropractic for this injury. He was using a cane for this injury.

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 with contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Chapter, Indications for imaging, MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Comp., online Edition, Chapter: Low Back (updated 11/21/14), MRIs (magnetic resonance imaging)

Decision rationale: Per the ACOEM low back guidelines cited, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures)." ACOEM/MTUS guideline does not address a repeat MRI. Hence, ODG is used. Per ODG low back guidelines cited, "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)." He had a very large disc extrusion preoperatively on the MRI at L4-5; a repeat MRI on 10/14/14, that revealed recurrent disc herniation at L4-5 and also disc protrusions at L3-4, L4-5 and L5-S1, degenerative disc disease at the three levels. Any significant changes in objective physical examination findings since the last MRI that would require a repeat MRI study were not specified in the records provided. Per the doctor's note dated 11/20/14, physical examination revealed normal gait, muscle spasm, 5/5 strength, normal sensation and reflexes and negative SLR. Any significant functional deficits of the low back that would require repeat MRI was not specified in the records provided. Patient did not have any evidence of severe or progressive neurologic deficits that are specified in the records provided. Any finding indicating red flag pathologies were not specified in the records provided. The history or physical exam findings did not indicate pathology including cancer, infection, or other red flags. As per records provided patient has received 16 PT and chiropractic visits for this injury so far. Detailed response to previous conservative therapy was not specified in the records provided. Previous PT visit notes were not specified in the records provided. A plan for an invasive procedure of the lumbar spine was not specified in the records provided. The rationale for requesting IV contrast with the MRI request was not specified in the records provided. The medical necessity of the MRI of the lumbar spine with contrast is not fully established for this patient.

EMG/NCV of bilateral lower extremities: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: Per ACOEM chapter 12 guidelines, "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 current diagnoses include right leg radiculopathy and status post L4-L5 laminectomy and micro discectomy on April 1, 2014. Per the doctor's note dated 11/20/14, patient had complaints of back pain with recurrence of the left side leg and foot pain bilaterally at 2-7/10 and physical examination revealed muscle spasm, tenderness on palpation, limited range of motion. Per the notes, his right leg was getting significantly worse with weakness and episodes of giving way. The patient was noted to have recurrent right leg radiculopathy. He had a very large disc extrusion preoperatively on the MRI at L4-5; a repeat MRI on 10/14/14, that revealed recurrent disc herniation at L4-5 and also disc protrusions at L3-4, L4-5 and L5-S1, and degenerative disc disease at the three levels. He has already undergone a right L4-5 laminotomy and microdiscectomy on 4/1/14. The patient has already received 16 PT visits and chiropractic sessions for this injury. He was using a cane for this injury. There is evidence of significant neurological symptoms in the lower extremities. The patient had degenerative disease in the lumbar spine at multiple levels. Electrodiagnostic studies would help to clarify the exact cause of the neurological symptoms and also would help to identify the level at which nerve root impingement may be occurring. This information would guide further management. The request for EMG/NCV of bilateral lower extremities is deemed medically appropriate and necessary for this patient.

Physical therapy to the lumbar spine; two times a week for six weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98.

Decision rationale: The guidelines cited state: "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." The patient has received 16 PT visits and chiropractic for this injury. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits documented in the records provided. Previous PT visits notes were not specified in the records provided. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical

necessity of the request for Physical therapy to the lumbar spine; two times a week for six weeks is not fully established for this patient.