MAXIMUS Federal Services

Case Number:	CM14-0186789		
Date Assigned:	11/17/2014	Date of Injury:	07/09/2007
Decision Date:	01/05/2015	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	11/10/2014

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 Occupational Medicine and is licensed to practice in Iowa. 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 female with a date of injury as 02/01/2006, cause of injury was not included in the documentation. The current diagnoses are sprain lumbosacral and bilateral carpal tunnel syndrome. Previous treatments include corset and exercise which is helpful, and a short course of prednisone which was not helpful according to the documentation. A treating physician's report dated 09/24/2014 included subjective complaints of back pain. Physical examination revealed diffuse tenderness over the posterior thighs, calves, sacrum, coccyx, trochanters, interspinous ligaments, paraspinals, sacroiliac joint, and PSIS bilaterally L4-S1. Decreased lumbar Range of Motion with both flexion and extension, all movements are painful. Slow heel to toe gait with minimal toe/heel walk. Sensation is minimally reduced in the right lower extremity L2-S1. According to the documentation submitted the injured worker had x-rays of the lumbar spine on 06/02/2014, upper extremity electrodiagnostics on 06/28/2013, neither of these reports were available. Treatment plan included requesting a repeat Magnetic Resonance Imaging (MRI) of the lumbar spine and electrodiagnostics of the lower extremities, and continue with the corset and exercises. The injured worker is temporarily totally disabled. The utilization reviewer noted in the report that an MRI was last performed on 04/10/2013 and showed disc protrusion at L4-S1, but this report was not included. The utilization review performed on 10/02/2014 non-certified the request for MRI lumbar spine, neurology consultation, and lower extremity electromyogram nerve conduction study.

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 Official Disability Guidelines (ODG) Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Magnetic resonance imaging MRI

Decision rationale: According to MTUS guidelines, ACOEM recommends imaging studies for the following issues: 1) emergence of a red flag, 2) physiologic evidence of tissue insult or neurologic dysfunction, 3) failure to progress in a strengthening program intended to avoid surgery, and 4) clarification of the anatomy prior to an invasive procedure. Guidelines also do not recommend special studies until a 3-4 week period of conservative care fails to improve symptoms. ODG does not recommended imaging except in specific circumstances, and recommends reserving for significant changes in symptoms and/or findings suggestive of significant pathology. Indications for lumbar MRI imaging include 1) lumbar spine trauma with neurological deficit, 2) suspicion of cancer, infection, or other red flags, 3) radiculopathy unresponsive to conservative therapy after one month, 4) prior lumbar surgery, 5) cauda equina syndrome, 6) myelopathy. The medical documentation indicates low back pain, but there is no clear evidence of radiculopathy as all pain is diffuse in nature, and neurological exam is essentially normal. There is no indication of "red flag" or other indications as noted above. The pain also appears to be chronic in nature, and no significant change has been documented recently to indicate a significant worsening of symptoms or other pathology. A period of failed conservative care is also not clearly documented and the records indicate improvement with exercises. An MRI was also reportedly obtained in 2013, and there is no indication as to why a repeat is necessary as there appears to be no deterioration in the patient's condition. Therefore, the request for MRI of the lumbar spine is not medically necessary at this time.

Neuro Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examination and Consultation regarding referrals, Chapter 7

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low back pain UpToDate: Approach to the diagnosis and evaluation of low back pain in adults

Decision rationale: MTUS does not provide recommendations for neurological consultation. ODG only provides general recommendations for referral, most commonly for orthopedic or surgical evaluation. ODG recommends a full history and physical and potential referral when radicular symptoms are present, mainly for surgical intervention. UpToDate recommends referral to a neurologist if there is 1) neuromotor deficit that persists after four to six weeks of conservative therapy, or 2) persistent sciatica, sensory deficit, or reflex loss after four to six

weeks in a patient with radicular findings. The medical documentation does not indicate any "red flag" symptoms requiring immediate referral, and the physical examination does not contain evidence of radiculopathy. The pain appears to be chronic in origin, and there is no indication of a recent change in status. A period of failed conservative care is also not clearly documented and the documentation shows improvement with exercises. There is no clear discussion of the neurological consultation, its purpose, or intended outcomes in the documentation. Therefore, the request for consultation with a neurologist is not medically necessary at this time.

Electrodiagnostic (EMG-NCS) of the lower extremities: 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, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing EMG/NCS

Decision rationale: According to MTUS guidelines, ACOEM states that electromyography (EMG), may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. ODG states that neuro conduction studies (NCS) are not recommended, but EMG is recommended as an option to obtain unequivocal evidence of radiculopathy when radiculopathy is not already clinically obvious. ODG recommends timing of EMG after one month of conservative therapy. ODG also places the EMG recommendation under the "with radiculopathy" treatment algorithm. The medical documentation does not indicate any "red flag" symptoms requiring immediate referral, and the physical examination does not contain clear evidence of radiculopathy other than diffuse lower extremity pain. Although it appears that significant time has passed since the injury, a period of failed conservative care is not clearly documented and the documentation shows improvement with exercises. Although EMG can be utilized to identify radicular findings, there should be some indication that radicular symptoms are suspected, and the documentation does not describe this. Therefore, the request for Electrodiagnostic (EMG-NCS) of the lower extremities is not medically necessary and appropriate.