

Case Number:	CM14-0192915		
Date Assigned:	11/26/2014	Date of Injury:	04/05/1971
Decision Date:	02/10/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/18/2014

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 Rehabilitation, has a subspecialty in Pain 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 patient with a date of injury of 4/5/71. A utilization review determination dated 11/5/14 recommends non-certification/modification of MRI lumbar spine and EMG/NCS BLE. 10/23/14 medical report identifies back pain and radicular symptoms into the left leg "and somewhat into his right leg" significantly worsened over the last four weeks. On exam, there is tenderness, spasm, limited ROM, numbness and tingling in the L5 distribution, mildly positive SLR bilaterally, and diminished reflexes. MRI with gadolinium was recommended due to presence of scar tissue from prior surgical intervention. EMG/NCV and neurological consultation was also recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine with 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 (ODG)

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), Low Back Chapter, MRIs (magnetic resonance imaging).

Decision rationale: Regarding the request for lumbar MRI, CA MTUS and AOEM state that 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 would consider surgery an option. ODG notes that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). Within the documentation available for review, the provider notes that there is pain in the back and bilateral legs that is significantly worsened over the last four weeks with numbness and tingling in the L5 distribution, mildly positive SLR bilaterally, and diminished reflexes. MRI with gadolinium was recommended due to presence of scar tissue from prior surgical intervention. Given the recent increase in symptoms/findings, an updated MRI appears appropriate. In light of the above, the currently requested lumbar MRI is medically necessary.

EMG/NCS to Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nerve Conduction Studies (NCS) and Electromyography (EMGs).

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, Electrodiagnostic Studies.

Decision rationale: Regarding the request for EMG/NCS of the bilateral lower extremities, CA MTUS and ACOEM state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, while there is a recent increase in neurological symptoms/findings, there is a pending lumbar spine MRI, the results of which may obviate the need for additional testing with MRI. Furthermore, there is no evidence of peripheral neuropathy or another rationale for nerve conduction velocity studies. In light of the above issues, the currently requested EMG/NCS of the bilateral lower extremities is not medically necessary.