

Case Number:	CM14-0194076		
Date Assigned:	12/01/2014	Date of Injury:	01/18/2000
Decision Date:	01/15/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/19/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 44-year-old male with a date of injury of 01/18/2010. Per treating physician report 10/09/2014, the patient continues to have neck pain and low back pain with radiation of numbness to the L4 dermatome to toes. It was noted that the patient is "unsure if he has had a lumbar study and no EMG/NCS." Examination of the cervical spine revealed tender, decreased flexion, decreased extension, and decreased rotation. Bilateral upper extremity exam revealed "overall normal shoulder, without crepitus or defect, full strength noted." Examination of the bilateral lower extremity revealed tenderness. The listed diagnoses are: 1. Lumbago, low back pain. 2. Cervical pain/cervicalgia. 3. Myofascial pain syndrome/fibromyalgia. 4. Encounter long term Rx use NEC. Treatment plan is for MRI of the lumbar spine and EMG/NCS of the bilateral lower extremities. Utilization review denied the request on 11/03/2014. The medical file provided for review includes this 1 progress report.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-lumbar & thoracic (Acute & Chronic)

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, MRIs Magnetic Resonance Imaging

Decision rationale: This patient presents with continued neck and low back pain. The current request is for MRI of the lumbar spine. The utilization review letter states that the patient has an injury dating back to 2000 and it is likely that the claimant had undergone previous imaging studies. For special diagnostics, ACOEM Guidelines page 303 states "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." For this patient's now chronic condition, ODG guidelines provide a good discussion. ODG under its low back chapter recommends obtaining an MRI for uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. The medical file provided for review includes 1 progress report which notes, upon examination of the lower extremity "tenderness." All other examination findings were noted as "normal exam." There is no indication of recent conservative therapy or progressive neurological deficits. The requested MRI IS NOT medically necessary.

EMG/NCS of the bilateral lower extremities (BLE): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Low Back-lumbar & thoracic (Acute & Chronic)

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) Lumbar & Thoracic (Acute & Chronic) chapter, Nerve conduction studies (NCS) Low back chapter, Electrodiagnostic Studies.

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for EMG/NCS of the bilateral lower extremities (BLE). The medical file provided for review includes 1 progress report from 10/09/2014 which indicates the patient has low back pain with "radiation of numbness to the L4 dermatome to toes..." ACOEM Guidelines page 303 allows for EMG studies with H-reflex test to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. ODG guidelines have the following regarding EMG studies, "EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." ACOEM is silent on NCV testing of the lower extremities. ODG (Online Low Back chapter: Nerve conduction studies (NCS) ODG states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." ODG for Electrodiagnostic studies (EDS) states, "NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back." There is no indication that prior EMG/NCV testing has been provided. In this case, the treating physician

has documented that the patient may have radiculopathy and given the patient's continued complaints of pain and radicular components, further diagnostic testing may be useful to obtain unequivocal evidence of radiculopathy. The requested EMG/NCV IS medically necessary.