

Case Number:	CM14-0207943		
Date Assigned:	12/19/2014	Date of Injury:	02/22/2010
Decision Date:	02/12/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/12/2014

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 Practice, and is licensed to practice in New Jersey. 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 worker is a 39 year old male who was injured on 2/22/2010 involving his low back. He was diagnosed with lumbar strain/sprain, left shoulder sprain/strain, and left knee sprain/strain. He was treated with physical therapy, chiropractic treatments, lumbar epidural injections, and medication. On 11/20/14, the worker was seen by his orthopedic physician reporting persistent pain in his back, knee, and shoulder areas. Physical findings included tenderness and decreased range of motion of the left knee, left shoulder, and lumbar spine. No other subjective complaints or objective findings were documented in the progress note. He was then recommended to complete EMG/NCS testing for the lower extremities as well as complete a lumbar MRI. He was also recommended to complete a weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back section, MRI.

Decision rationale: MTUS Guidelines for diagnostic considerations related to lower back pain or injury require that for MRI to be warranted there needs to be unequivocal objective clinical findings that identify specific nerve compromise on the neurological examination (such as sciatica) in situations where red flag diagnoses (cauda equina, infection, fracture, tumor, dissecting/ruptured aneurysm, etc.) are being considered, and only in those patients who would consider surgery as an option. In some situations where the patient has had prior surgery on the back, MRI may also be considered. The MTUS also states that if the straight-leg-raising test on examination is positive (if done correctly) it can be helpful at identifying irritation of lumbar nerve roots, but is subjective and can be confusing when the patient is having generalized pain that is increased by raising the leg. The Official Disability Guidelines (ODG) state that for uncomplicated low back pain with radiculopathy MRI is not recommended until after at least one month of conservative therapy and sooner if severe or progressive neurologic deficit is present. The ODG also states that repeat MRI should not be routinely recommended, and should only be reserved for significant changes in symptoms and/or findings suggestive of significant pathology. The worker in this case, there was very limited documentation in the progress note near the time of the request, none of which indicated any signs or symptoms of a red flag diagnosis or even radiculopathy of the lumbar spine. Without this evidence in the documentation, MRI cannot be justified and will be considered medically unnecessary.

Electromyography/Nerve Conduction Study (EMG/NCS) Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The MTUS ACOEM Guidelines state that for lower back complaints, nerve testing may be considered when the neurological examination is less clear for symptoms that last more than 3-4 weeks with conservative therapy. In the case of this worker, there was minimal documentation from the physical examination and did not include any evidence that a neurological examination was performed (reflexes, sensory testing, motor testing, or provocative testing). Therefore, without any evidence of any radiculopathy (subjective or objective), there appears to be no medical need for additional nerve testing. As such this request is not medically necessary.