

Case Number:	CM15-0108681		
Date Assigned:	06/15/2015	Date of Injury:	10/31/2007
Decision Date:	09/15/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 39-year-old male who sustained industrial injuries on October 31, 2007 resulting in radiating low back pain with weakness and atrophy of both lower extremities, and left arm and wrist pain. He was diagnosed with closed fracture of the sacrum and coccyx, lumbar radiculopathy, comminuted fracture of left distal radius and ulna, multiple pelvis fractures, thoracic and lumbar sprain, disc bulge L1-S1, fracture of the left L3-L5 transverse processes, left fibula avulsion fracture, and status post arthroscopy left knee with partial meniscectomy and resection of plica. Documented treatment has included an open reduction internal fixation of the distal radius and ulna with a subsequent revision; medications for pain which he no longer takes due to ulcers secondary to anti-inflammatory treatment; and, physical therapy. The injured worker continues to present with lower back pain radiating into both buttocks and legs, but worse on the left. He also has been complaining of left shoulder and wrist pain. The treating physician's plan of care includes MRI without contrast for the lumbar spine, and electromyography and nerve conduction velocity studies of the bilateral upper extremities. His work status is permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast for the lumbar spine: Upheld

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

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

Decision rationale: MRI without contrast for the lumbar spine lumbar is not medically necessary per the ACOEM MTUS guidelines. The MTUS recommends imaging studies be reserved for cases in which surgery is considered, or there is a red-flag diagnosis. The guidelines 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. The documentation submitted does not reveal progressive neurologic dysfunction or a red flag diagnoses therefore this request is not medically necessary.

EMG (electromyography)/NCV (nerve conduction velocity) of the Bilateral Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: EMG (electromyography)/NCV (nerve conduction velocity) of the bilateral upper extremity are not medically necessary per the MTUS Guidelines. The MTUS states that electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms. The documentation does not reveal evidence on history of physical of subtle neurological dysfunction. The request for electrodiagnostic testing of the upper extremities is not medically necessary.