

Case Number:	CM15-0016952		
Date Assigned:	02/05/2015	Date of Injury:	08/16/2014
Decision Date:	04/08/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/27/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49 year old female, who sustained an industrial injury on 08/16/2014. She has reported pain in the low back, left ankle, and left elbow. The diagnoses have included lumbar spine sprain/strain; left ankle sprain/strain; and left elbow sprain/strain. Treatment to date has included medications, bracing, splinting, physical therapy, and acupuncture sessions. Currently, the injured worker complains of low back pain and left ankle pain, rated at 7/10 on the visual analog scale; and pain is increased with sitting, standing, and walking. A treating physician's progress note, dated 12/11/2014, reported objective findings to include tenderness to palpation of the lumbar spine; tenderness to palpation of the left lateral ankle; and positive Kemp's test. The treatment plan included continuation of physical therapy; continuation of acupuncture; and requests for MRI of the lumbar spine, and EMG/NCV of the lower extremities. On 12/30/2014 Utilization Review non-certified a prescription for MRI (Lumbar Spine); and for EMG/NCV (Bilateral Lower Extremity). The CA MTUS, ACOEM and the ODG were cited. On 01/20/2015, the injured worker submitted an application for IMR for review of MRI (Lumbar Spine); and for EMG/NCV (Bilateral Lower Extremity).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Lumbar Spine): Upheld

Claims Administrator 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 Procedure Summary last updated 11/21/14, Indications for Magnetic Resonance Imaging.

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

Decision rationale: MTUS/ACOEM recommends MRI LSPINE if there are specific red flag findings on history and musculoskeletal and neurological examination. The records do not document such red flag findings at this time. The rationale/indication for the requested lumbar MRI are not apparent. This request is not medically necessary.

EMG/NCV (Bilateral Lower Extremity): Upheld

Claims Administrator 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 Procedure last updated 11/21/14, Electromography, and Nerve Conduction Studies.

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

Decision rationale: MTUS/ACOEM recommend electrodiagnostic studies of the lower back/lower extremities if to evaluate specific neurological symptoms/findings which suggest a neurological differential diagnosis. The rationale or differential diagnosis for the currently requested electrodiagnostic study are not apparent. This request is not medically necessary.