

Case Number:	CM15-0019722		
Date Assigned:	02/09/2015	Date of Injury:	07/14/2010
Decision Date:	04/03/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/02/2015

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: California, Arizona

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 53-year-old male who reported an injury on 07/14/2010. The mechanism of injury was not provided. Diagnoses included displacement of lumbar intervertebral disc without myelopathy. Medication included Oxycodone (5 mg as needed), Finasteride (5 mg daily), Zyrtec (10 mg daily), Metformin (500 mg daily), and Prilosec (20 mg daily). Diagnostic studies included an unofficial MRI performed in 02/2014 which was noted to reveal severe stenosis at L4-5 with facet hypertrophy, ligamentum flavum hypertrophy, and a cyst to the left causing stenosis. There was also significant central foraminal stenosis. His surgical history indicated decompression at levels L1-2 and L2-3 in 04/2014. No other therapies were noted. On 01/09/2015, the patient complained of persistent pain down the right leg with burning sensation in the right lateral leg extending to the foot. He also complained of discomfort in the dorsum of the right foot. His pain was rated at 4/10. Examination of the lumbar spine revealed a well healed scar in the upper and lumbar areas, tenderness in the lumbosacral area through both buttocks, and decreased sensation along the left anterolateral thigh. The treatment plan included updated imaging electrical studies of both lower extremities, and a followup evaluation, and a refill of medications.

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 with gadolinium contrast (GAD): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRIs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRI.

Decision rationale: Although California MTUS states that thorough medical and work histories and a focused physical exam are sufficient for the initial assessment of a patient complaining of potentially work related low back symptoms certain red flag findings necessitate special studies. This MRI is needed as a subsequent MRI. According to the Official Disability Guidelines, since ACOEM and MTUS do not address additional MRIs for patients, imaging is indicated only if the injured worker has severe or progressive neurologic impairments, signs or a symptom indicating a serious or specific underlying condition or the imaging is preoperative for an invasive intervention. Guidelines also stated that subsequent imaging should be based on new symptoms or changes in current symptoms. An appeal letter dated 01/16/15 states that the patient did have significant changes since the last imaging study, where a lumbar decompression was performed at L1-L2 and L2-L3 with the patient continues to be symptomatic due to severe stenosis at L4-L5 potentially due to a cyst on the left side. The patient is interested in further surgery and the MRI being requested would be performed for this purpose.

EMG of the left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, EMGs.

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

Decision rationale: California MTUS (MTUS), 2009, American College of Occupational and Environmental Medicine (MTUS), Occupational Medical Practice Guidelines state that EMG may be useful to identify subtle, focal neurological dysfunction in patients with low back pain; however there should be 3-4 weeks of conservative care and observation. There was no evidence of conservative care for this patient. Furthermore, the patient had previously been treated with surgery for his radicular symptoms. According to guideline criteria, EMG is not clinically necessary if radiculopathy is already clinically obvious. Therefore, the request for EMG testing of the right lower extremity is not medically necessary.

NCV of the right lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Nerve conduction studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Nerve Conduction Studies.

Decision rationale: The request does not meet medical necessity since, according to Official Disability Guidelines; there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms of radiculopathy. Since the patient already had clinical findings of radiculopathy with an EMG, it is not medically necessary.

NCV of the left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Nerve conduction studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Nerve Conduction Studies.

Decision rationale: The request does not meet medical necessity since, according to Official Disability Guidelines; there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms of radiculopathy. Since the patient already had clinical findings of radiculopathy with an EMG, it is not medically necessary.

EMG of the right lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, EMGs.

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Decision rationale: California MTUS (MTUS), 2009, American College of Occupational and Environmental Medicine (MTUS), Occupational Medical Practice Guidelines state that EMG may be useful to identify subtle, focal neurological dysfunction in patients with low back pain; however there should be 3-4 weeks of conservative care and observation. There was no evidence of conservative care for this patient. Furthermore, the patient had previously been treated with surgery for his radicular symptoms. According to guideline criteria, EMG is not clinically necessary if radiculopathy is already clinically obvious. Therefore, the request for EMG testing of the right lower extremity is not medically necessary.