

Case Number:	CM15-0130422		
Date Assigned:	07/16/2015	Date of Injury:	06/06/2011
Decision Date:	08/13/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/07/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 59 year old male who sustained a work related injury June 6, 2011. Diagnoses include cervical spine strain, sprain; lumbar spine stenosis; multi-level lumbar spine disc bulge; right knee meniscus tear, degeneration; status post left knee arthroscopic surgery through private insurance; degenerative osteoarthritis of medial compartment, left knee; tear of the medial meniscus left knee; and chondromalacia patellae. Treatment has included surgery, physical therapy and medication. According to a primary treating physician's progress report dated May 26, 2015, the injured worker complained of continued low back pain with pain in his heels. Objective findings included decreased lumbar range of motion, straight leg raise negative bilaterally, normal motor exam in the lower extremities and sensory deficits noted in both legs at L5. According to a primary treating physician's progress report, dated June 25, 2015 the injured worker complained of headaches, constant low back pain, and left knee pain rated 7/10. He described stabbing and aching pain in his neck and low back, aching pain and numbness in his left knee, stabbing pain in the right knee, and burning and aching pain and numbness in the bilateral feet. Exam noted pain over the lumbar spine. At issue, the request for authorization for EMG/NCV (electromyography and nerve conduction velocity studies) bilateral lower extremities and MRI of the lumbar spine.

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): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-4, 309. Decision based on Non-MTUS Citation American College of Radiology, Appropriateness Criteria for the Imaging of Lower Back Pain, Revised 2011.

Decision rationale: Magnetic Resonance Imaging (MRI) scans are medical imaging studies used in radiology to investigate the anatomy and physiology of the body in both healthy and diseased tissues. MRIs of the lower back are indicated in acute injuries with associated red flags, that is, signs and symptoms suggesting acutely compromised nerve tissue. In chronic situations the indications rely more on a history of failure to improve with conservative therapies, the need for clarification of anatomy before surgery, or to identify potentially serious problems such as tumors or nerve root compromise. When the history is non-specific for nerve compromise but conservative treatment has not been effective in improving the patient's symptoms, electromyography (EMG) and nerve conduction velocity (NCV) studies are recommended before having a MRI done. This patient does meet the criteria of prolonged or persistent symptoms despite conservative care but the symptoms are non-specific, there are no red flags and an EMG/NCV study has not been done. At this point in the care of this individual a MRI of the lower back is not indicated. Medical necessity has not been established.

EMG/NCV bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-4, 309.

Decision rationale: Electromyography (EMG) and Nerve Conduction Velocity (NCV) are diagnostic tests used to measure nerve and muscle function, and may be indicated when there is pain in the limbs, weakness from spinal nerve compression, or concern about some other neurologic injury or disorder. Criteria for their use are very specific. The EMG-NCV tests will identify physiologic and structural abnormalities that are causing nerve dysfunction. Although the literature does not support its routine use to evaluate for nerve entrapment or low back strain, it can identify subtle focal neurologic dysfunction in patients whose physical findings are equivocal and prolonged (over 4 weeks). When spinal cord etiologies are being considered, sensory-evoked potentials (SEPs) would better help identify the cause. This patient has a non-specific low back pain pattern and examination does imply a subtle focal neurologic deficit may be present. Information from an EMG/NCV study will guide further care for this patient. Medical necessity for this procedure has been established.