

Case Number:	CM15-0130477		
Date Assigned:	07/16/2015	Date of Injury:	04/02/1990
Decision Date:	08/19/2015	UR Denial Date:	06/22/2015
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, Hawaii

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 64 year old female, who sustained an industrial injury on April 2, 1990. The injured worker reported low back pain due to heavy lifting. The injured worker was diagnosed as having chronic low back pain, failed neck surgery syndrome, cervical and lumbar radiculitis and chronic pain syndrome. Treatment to date has included cervical fusion, injections, physical therapy, magnetic resonance imaging (MRI) and medication. A progress note dated May 27, 2015 provides the injured worker complains of neck and low back pain rated 8/10. She reports her pain is unchanged. Physical exam notes cervical and lumbar decreased range of motion (ROM) with tenderness on palpation. The plan includes magnetic resonance imaging (MRI) and electromyogram.

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: Overturned

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

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 Chapter, MRIs (magnetic resonance imaging).

Decision rationale: The patient presents with diagnoses of chronic low back pain, failed neck surgery syndrome, cervical and lumbar radiculitis and chronic pain syndrome. The patient currently complains of neck and low back pain that radiates to her lower extremities. The current request is for MRI of the lumbar spine. The treating physician states on 3/4/15 (8B) the patient continues to have low back and BLLE, right > left and would like to know what can be done about this. I recommend an updated LMRI and dynamic x-rays. Based upon the clinical history provided it appears this patient has had a cervical MRI in the past but not a lumbar MRI. ODG recommends obtaining an MRI for uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. Per progress report dated 4/29/15 (18B), the patient presents with radicular pain and limited ROM. ODG allows an MRI for radiculopathy, which this patient appears to be suffering from. Given no prior MRI, the current request is medically necessary.

Bilateral lower extremities EMG: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 177-179.

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 Chapter, EMGs (electromyography).

Decision rationale: The patient presents with diagnoses of chronic low back pain, failed neck surgery syndrome, cervical and lumbar radiculitis and chronic pain syndrome. The patient currently complains of neck and low back pain that radiates to her lower extremities. The current request is for bilateral lower extremities EMG. There was no documentation in the clinical history provided of the physician's request for an EMG of the bilateral lower extremities. ACOEM Guidelines page 303 allows for EMG studies with H-reflex test to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. ODG states the following regarding EMG studies, "EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." There is no indication that prior EMG/NCV testing has been provided. Given the patient's continued complaints of pain and neurological examination findings, further diagnostic testing may be useful to obtain unequivocal evidence of radiculopathy. The current request is medically necessary.