

Case Number:	CM15-0130513		
Date Assigned:	07/16/2015	Date of Injury:	05/08/2015
Decision Date:	08/12/2015	UR Denial Date:	07/01/2015
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: Connecticut, California, Virginia

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 55 year old male, who sustained an industrial injury on 5/8/2015. He reported twisting his low back and injuring his left leg while driving a golf cart. Diagnoses have included sciatica, lumbar sprain-strain and clinical evidence of a disc herniation of the lumbar spine at the L5-S1 level. Treatment to date has included medication. According to the progress report dated 6/17/2015, the injured worker complained of persistent low back pain with radiation to both legs. He also complained of numbness and tingling in both legs. Palpation of the lumbar spine revealed marked tenderness and spasm. Straight leg raise was positive bilaterally. The injured worker was temporarily totally disabled. Authorization was requested for magnetic resonance imaging (MRI) of the low back and electromyography (EMG)-nerve conduction velocity (NCV) of the lower extremities.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303.

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

Decision rationale: The MTUS discusses recommendations for MRI in unequivocal findings of specific nerve compromise on physical exam, in patients who do not respond to treatment, and who would consider surgery an option. Absent red flags or clear indications for surgery, a clear indication for MRI is not supported by the provided documents. Physical therapy has not been completed, and therefore the patient cannot be considered as having failed conservative treatment. Without further indication for imaging, the request for MRI at this time cannot be considered medically necessary per the guidelines.

EMG/NCV of the bilateral lower extremities (BLE): Upheld

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

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

Decision rationale: Per the MTUS ACOEM Guidelines, physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic exam is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and nerve conduction velocities may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case there is no evidence of progressive disease and the treating physician clearly indicates consistent exam findings. Conservative measures are indicated prior to further imaging or diagnostics. Therefore, per the guidelines, the request for EMG/NCV is not considered medically necessary.