

Case Number:	CM15-0133257		
Date Assigned:	07/21/2015	Date of Injury:	01/23/2007
Decision Date:	08/17/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/09/2015

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 64 year old female, who sustained an industrial injury on 1/23/2007. She reported a twisting injury to her low back. The injured worker was diagnosed as having status post back surgery with ongoing radiculopathy and worsening of symptoms. Treatment to date has included diagnostics, lumbar spinal surgery in 2013 (laminectomy and foraminotomy of L4-L5 and L5-S1), and medications. Currently, the injured worker complains of more difficulty with ambulation and activities of daily living. A review of records noted that epidurals were recommended but not authorized. Objective findings noted restricted range of motion with painful arc, positive provocative testing, and straight leg raise test was positive. Neurologically, she was documented as stable. Current medication regimen was not documented, but included Tramadol. The treatment plan included consult with a spinal surgeon, magnetic resonance imaging of the lumbar spine with Gadolinium and electromyogram and nerve conduction studies of the lower extremities. Magnetic resonance imaging of the lumbar spine from 11/03/2014 and electromyogram and nerve conduction studies of the lower extremities from 12/06/2013 were referenced. The 11/03/14 MRI revealed S1 nerve root stenosis from residual facet arthropathy. May '15 QME opinioned MMI status had been reached, but could not rule out future surgery for additional decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of lumbar spine with Gadolinium (contrast material): Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 304. Decision based on Non-MTUS Citation Low Back/Magnetic resonance imaging.

Decision rationale: MTUS Guidelines supports MRI studies if necessary for possible procedural planning. ODG Guidelines are consistent with this and support repeat MRI scanning if there is a significant change in subjective and/or objective findings. This individual has had a post surgical MRI which revealed persistent S1 nerve compression and the prior MRI did not include Gadolinium which increases the accuracy of post operative scanning due to increased detection of scar tissue as a cause of symptoms. Due to the significant increase in pain, increased difficulty ambulating, positive neural tension signs and continued S1 nerve root compression, the MRI lumbar scan with Gadolinium is supported by Guidelines and is medically necessary.

EMG/NCS of low extremities: Overturned

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

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

Decision rationale: MTUS Guidelines support electrodiagnostic testing if there are subtle neurological issues that are not well defined through other means. This individual meets these Guideline criteria. There have prior electrodiagnostic studies which showed an initially improved radiculopathy, however the symptoms have returned along with a post op MRI showing S1 nerve root compression. Updated electrodiagnostics would be essential in planning for or against additional decompressive surgery. Under these circumstances, the request for EMG/NCS of low extremities is supported by Guidelines and is medically necessary.