Case Number:	CM15-0140299		
Date Assigned:	07/30/2015	**Date of Injury:**	04/25/2013
Decision Date:	08/31/2015	**UR Denial Date:**	07/14/2015
Priority:	Standard	**Application Received:**	07/20/2015

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 34 year old male patient who sustained an industrial injury on April 25, 2013. A follow up visit dated February 09, 2015 reported the patient remaining on temporary total disability through March 09, 2015. The patient had subjective complaint of sharp, stabbing radicular lower back pain. It radiates down bilateral lower extremities. He complains of pain and pressure in the left inguinal testicle region. The following diagnoses were applied: low back pain; lumbar disc displacement; radiculitis, lower extremity, and rule out inguinal hernia, left. Current medications consist of: Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Capsaicin, Flurbiprofen, menthol, Flexeril, and Gabapentin. A recent magnetic resonance imaging study of the lumbar spine done February 03, 2015 revealed disc desiccation at L4-5 and L5-S1 with associated loss of disc height at L5-S1; Modic type II end plate degenerative changes at the inferior end plate of L4 and l5 and superior end plate of L5 and S1; straightening of the lordotic curvature; component of congenital spinal stenosis at the lower lumbar levels; L3-4 diffuse disc herniation; L4-5 broad-based disc herniation; L5-S1 broad-based disc herniation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) Lumbar Spine: Upheld

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.

Decision rationale: Patient underwent an MRI of the lumbar spine on February 03, 2015 which was notable for disc desiccation at L4-5 and L5-S1 with associated loss of disc height at L5-S1; Modic type II end plate degenerative changes at the inferior end plate of L4 and l5 and superior end plate of L5 and S1. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In addition, the medical record fails to document sufficient findings indicative of nerve root compromise which would warrant an MRI of the lumbar spine. MRI (magnetic resonance imaging) Lumbar Spine is not medically necessary.

EMG (electromyography)/ NCV (nerve conduction velocity), Bilateral Lower Extremities: Upheld

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 - Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography).

Decision rationale: According to the Official Disability Guidelines, nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. EMG's are not necessary if radiculopathy is already clinically obvious. EMG (electromyography)/ NCV (nerve conduction velocity), Bilateral Lower Extremities is not medically necessary.