

Case Number:	CM15-0141757		
Date Assigned:	07/31/2015	Date of Injury:	02/15/2013
Decision Date:	09/04/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/22/2015

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 48 year old female, who sustained an industrial injury on 2-15-2013. Diagnoses have included lumbar spine pain. Treatment to date has included a home exercise program and medication. According to the progress report dated 5-28-2015, the injured worker complained of low back pain. She complained of pain running down to the right sacroiliac joint and then the right buttock and posterior thigh. Objective findings revealed tenderness over the right sacroiliac joint. She had pain with lumbar flexion. Straight leg raise was equivocal. It was noted that the injured worker underwent magnetic resonance imaging (MRI) of the lumbar spine in 2013 showing moderate facet arthropathy. Authorization was requested for magnetic resonance imaging (MRI) of the lumbar spine and electromyography (EMG)-nerve conduction study (NCS) 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 lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online, Low Back chapter, MRIs (magnetic resonance imaging).

Decision rationale: The patient presents with lower back pain with radiation down to the right S1 joint and then the right buttock and posterior thigh to just below the knee level. The current request is for MRI of lumbar spine with contrast. MRI of the lumbar spine dated 8/28/13 revealed moderate facet arthropathy at L3-L4 with broad-based disc protrusion causing mild narrowing at the spinal canal as well as facet arthropathy at L4-L5. The treating physician states on 5/29/15 (45B), "I would like to request authorization for an MRI of the lumbar spine as recommended by the 7/25/14 QME from [REDACTED]". ACOEM and MTUS guidelines do not address repeat MRI scans. ODG states, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). The guidelines do not support routine MRI's in the absence of "significant change in symptoms and/or findings suggestive of significant pathology. Such is not demonstrated in this patient. The current request is not medically necessary.

EMG/NCS of lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ODG Online, Low Back Chapter, EMGs (electromyography).

Decision rationale: The patient presents with lower back pain with radiation down to the right S1 joint and then the right buttock and posterior thigh to just below the knee level. The current request is for EMG/NCS of lower extremities. The treating physician states on 5/29/15 (45B), "I would like to request EMG/nerve conduction study of the lower extremities as recommended by the 7/25/14 QME". ACOEM page 303 states, "Electromyography (EMG) including H-reflex test may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks". ODG states the following on EMGs (electromyography): Recommended as an option (needle, not surface). 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. In this case, there is no obvious radiculopathy and ODG does recommend EMG as an option. There is nothing in the records provided to indicate that the patient has previously had lower extremity EMG testing. The current request is medically necessary.