

Case Number:	CM15-0143283		
Date Assigned:	08/04/2015	Date of Injury:	09/28/2011
Decision Date:	09/08/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/23/2015

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: Family Practice

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 40-year-old female who sustained an industrial injury on 9-28-11. Progress report dated 6-10-15 reports severe lumbar pain radiating to the left buttock to the calf and heel. The right calf has tightness and cramping pain. She also has neck and arm pain. She has difficulty walking and her left leg buckles due to weakness. Treatments include: medication, physical therapy, home exercises and epidural steroid injection. Diagnosis: lumbar radiculitis and peripheral neuritis. Plan of care includes: updated lumbar MRI due to worsening symptoms since prior study, radio-graphs lumbar with flexion and extension, EMG/NCV lumbar and lower extremities, she is likely a surgical candidate, follow up promptly after studies completed. The cervical spine will need further testing in the future.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the lumbar spine without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter/ MRI.

Decision rationale: According to the CA MTUS ACOEM guidelines, imaging of the low back should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. According to ODG, repeat MRI is supported when there is significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). The medical records note worsening neurologic deficits and the injured worker is being considered for surgical intervention. As such, the request for updated imaging is supported. The request for Magnetic resonance imaging (MRI) of the lumbar spine without contrast is medically necessary and appropriate.

Electromyogram (EMG) and nerve conduction velocity (NCV) of the lumbar spine and lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309.

Decision rationale: According to ACOEM guidelines, unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. According to the ACOEM guidelines, EMG (electromyelograph) for clinically obvious radiculopathy is not recommended. In this case, the injured worker is noted to have evidence of radiculopathy stemming from the lumbar spine. Updated lumbar magnetic resonance imaging has been deemed appropriate and per the cited guidelines, electromyelography in clinically obvious radiculopathy is not recommended. The request for Electromyogram (EMG) and nerve conduction velocity (NCV) of the lumbar spine and lower extremities is not medically necessary and appropriate.