

Case Number:	CM15-0147404		
Date Assigned:	08/10/2015	Date of Injury:	05/31/1998
Decision Date:	09/04/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/29/2015

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: Emergency 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 60 year old male, who sustained an industrial injury on 5-31-1998. The mechanism of injury is unknown. The injured worker was diagnosed as having severe right lumbar pain with right sided radiculopathy, right knee pain, bilateral hip pain and sciatica. There is no record of a recent diagnostic study. Treatment to date has included hip replacement, therapy and medication management. In a progress note dated 6-2-2015, the injured worker complains of right knee pain and right foot going numb. Physical examination showed pain with walking, abnormal slow gait, lumbar decreased range of motion, bilateral hip decreased range of motion and right leg parasthesias. The treating physician is requesting a lumbar magnetic resonance imaging and bilateral lower extremities nerve conduction study (NCS).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI L-S: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The requested MRI L-S, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages303-305, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." The injured worker has right knee pain and right foot going numb. Physical examination showed pain with walking, abnormal slow gait, lumbar decreased range of motion, bilateral hip decreased range of motion and right leg parasthesias. The treating physician has not documented a positive straight leg raising test, nor deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, MRI L-S is not medically necessary.

NCV Bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines (2nd Edition table 12-8) Official Disability Guidelines, http://www.odg-twc.com/low_backhtm).

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

Decision rationale: The requested NCV Bilateral lower extremities, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, page 303, Special Studies and Diagnostic and Treatment Considerations, note "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. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The injured worker has right knee pain and right foot going numb. Physical examination showed pain with walking, abnormal slow gait, lumbar decreased range of motion, bilateral hip decreased range of motion and right leg parasthesias. The treating physician has not documented physical exam findings indicative of nerve compromise such as a positive straight leg raising test or deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, NCV Bilateral lower extremities is not medically necessary.