

<b>Case Number:</b>	CM15-0163088		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	12/04/2013
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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, 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:

This injured worker is a 43 year old male who reported an industrial injury on 12-4-2013. His diagnoses, and or impressions, were noted to include: right groin pain, rule-out hernia; left inguinal hernia; and persistent right groin and right lower extremity pain, rule-out lumbar radiculopathy. Recent computed tomography studies of the abdomen and pelvis were noted on 5-27-2015. His treatments were noted to include: diagnostic studies; consultations; and a release to return to work but with the stated inability to return to work. The progress notes of 7-24-2015 reported persistent severe pain in the right groin area with numbness in the right calf, weakness, and noticeable muscle shrinkage in the right calf. Objective findings were noted to include: no signs of distress; normal, bilateral, lower extremity muscle strength; painful and decreased right ankle and knee range-of-motion; a mild antalgic gait; and decreased sensation in the lumbosacral dermatome distribution. The physician's requests for treatments were noted to include magnetic resonance imaging studies of the lumbar spine, and electromyogram with nerve conduction velocity studies of the bilateral lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar spine:** Overturned

**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 ODG-TWC, Low back chapter, MRI.

**Decision rationale:** The records indicate the patient has ongoing pain in the right groin traveling into the right foot along with numbness and weakness in the right calf. The current request is for MRI of the lumbar spine. The attending physician states that the patient's symptoms seem inconsistent with the mechanism of injury for a hernia. The only other possibility would be lumbar radiculopathy. I am going to order an EMG nerve conduction study of bilateral lower extremities, will be helpful if we can compare the right side to the left side. I also would like a MRI of the lumbar spine. The MTUS guidelines do not address lumbar spine MRI scans. The ODG guidelines lumbar chapter indicates MRI scans for patients with lower back pain with radiculopathy, suspicion of cancer, infection and other red flags. In this case, the attending physician is attempting to rule out lumbar radiculopathy. The ODG does recommend MRI for patients with lower back pain with suspected radiculopathy. Physical examination findings including motor weakness and decreases sensation are consistent with radiculopathy. The medical records in this case do establish medical necessity for an MRI of the lumbar spine.

**EMG/NCV:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic) - EMG (electromyography) and Nerve conduction studies (NCS) Harris J. Occupational medicine practice guidelines, 2nd edition 2004 - pp 303-305.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low back Chapter, EMGs/NCVs.

**Decision rationale:** The records indicate the patient has ongoing pain in the right groin traveling into the right foot along with numbness and weakness in the right calf. The current request is for an EMG/NCV. The attending physician states that the patient's symptoms seem inconsistent with the mechanism of injury for a hernia. The only other possibility would be lumbar radiculopathy. I am going to order an EMG nerve conduction study of bilateral lower extremities, will be helpful if we can compare the right side to the left side. I also would like a MRI of the lumbar spine. Regarding EMG/NCV, CA MTUS chronic pain medical treatment guidelines are silent. The ODG does not support EMG's when radiculopathy is already clinically obvious. ODG goes on to state that NCS are "Not recommended." In this case, the physical examination provides ample clinical evidence, with motor weakness and decreased sensation to establish the diagnosis of radiculopathy. NCS is needed to evaluate for peripheral neuropathy or plexopathy as a cause of the IW's weakness and dysesthesias. Therefore, the current request is medically necessary.