

Case Number:	CM15-0166134		
Date Assigned:	09/03/2015	Date of Injury:	03/24/2006
Decision Date:	10/08/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	08/24/2015

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 59 year old male, who sustained an industrial injury on 3-24-06. He has reported initial complaints of low back pain after lifting tools out of an automobile trunk and hearing a pop with immediate pain. The diagnoses have included lumbar degenerative disc disease (DDD), lumbar Herniated Nucleus Pulposus (HNP) bulge, lumbar radiculopathy and lumbar stenosis. Treatment to date has included medications, hot pack-ice pack, epidural steroid injection (ESI), surgery, diagnostics, physical therapy, home exercise program (HEP) and other modalities. Currently, as per the physician progress note dated 7-13-15, the injured worker complains of chronic back problems status post-surgery one year ago. The injured worker was seen this visit after a fall the previous night at the airport with worsening pain in the low back. He reports heaviness, weight and pain in the low back with radiation of pain to the bilateral thighs with numbness. He also reports chronic weakness and numbness of the left leg. The diagnostic testing that was performed included X-ray of the sacrum and coccyx dated 1-19-15. The objective findings-physical exam reveals paraspinal tenderness, positive tenderness over the lower lumbar region, decreased range of motion secondary to pain and stiffness, and left lower extremity (LLE) is weaker than the right. The physician requested treatments included electromyography (EMG) -nerve conduction velocity studies (NCV) right lower extremity, Magnetic Resonance Imaging (MRI) lumbar spine with and without contrast and computerized axial tomography (CT scan) lumbar spine with and without contrast

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV right lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.
Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

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 chapter, EMGs (electromyography).

Decision rationale: The patient presents with pain affecting the low back and bilateral legs. The current request is for EMG/NCV right lower extremity. The treating physician states in the report dated 8/4/15, "With his symptoms worsening since January in the lower extremities and worsening weakness in the legs, I do recommend updated MRI scan of the lumbar spine with and without contrast as well as an EMG study to check for any current and active denervation that may have progressed since prior EMG study that was performed." (10A) The ODG Guidelines state, "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, the treating physician has documented that an EMG would help rule out radiculopathy. The ACOEM guidelines state, "Repeat studies, test may be repeated later in the course of treatment if symptoms persist." The current request is medically necessary.

MRI lumbar spine with and without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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 Chapter, MRIs.

Decision rationale: The patient presents with pain affecting the low back and bilateral legs. The current request is for MRI Lumbar Spine with and without contrast. The treating physician states in the report dated 8/4/15, "With his symptoms worsening since January in the lower extremities and worsening weakness in the legs, I do recommend updated MRI scan of the lumbar spine with and without contrast." (10A) The ODG guidelines support MRI scans for patients with lower back pain with radiculopathy and other red flags. In this case, the treating physician has documented that the patient meets the criteria for a repeat MRI. However, there is no medical rationale explained in the documents provided to indicate why the patient would require two MRI scans, one with and one without contrast. The current request is not medically necessary.

CT scan lumbar spine with and without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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 Chapter, CT (computed tomography).

Decision rationale: The patient presents with pain affecting the low back and bilateral legs. The current request is for CT scan lumbar spine with and without contrast. The treating physician states in the report dated 8/4/15, "Additionally, we will obtain a CT scan of the lumbar spine to evaluate his fusion mass." (10B) The ODG Guidelines only support lumbar CT scans to, "Evaluate successful fusion if plain x-rays do not confirm fusion." In this case, the treating physician has documented that the patient has had a lumbar fusion but did not document if X-rays did not confirm a successful fusion. Additionally, there is no medical rationale explained in the documents provided to indicate why the patient would require two CT scans, one with and one without contrast. The current request is not medically necessary.