

Case Number:	CM15-0166959		
Date Assigned:	09/04/2015	Date of Injury:	09/08/2013
Decision Date:	10/06/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/25/2015

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: 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 57-year-old male who sustained an injury on 9-8-13 resulted when a patient kicked him on his abdominal area, hitting his back on a metal bar on the wall. He felt immediate pain in the neck, mid and low back and right ribs, right abdominal area. Treatment included ice packs, heating pads, wedged pillow and medication. He has also had chiropractic therapy, physical therapy; pool therapy; 3 lumbar spine epidurals and two facet block; and one cauterization of the lumbar nerve tip. Diagnoses are sprain lumbar region, lumbar disc displacement; cervical radiculopathy right. Diagnostic tests include MRI lumbar spine on 12-12-13 and January 2015; MRI cervical spine; ultrasound of the right ribs; right abdominal region, nerve conduction test on 6-4-15. Medications included Nabumetone 500 mg; Cyclobenzaprine 10 mg; Duexis 800 mg 26.6 mg. The Qualified Medical examination dated 6-16-15 reports his current complaints of pain in the neck; throbbing pain with a tightness that is present all the time; pain radiates down the entire right upper extremity to the fingertips; numbness and tingling of the right upper extremity; no weakness of the left upper extremity. A subsequent injury 11-7-14 to his right hip and further injury to the neck and low back while pulling and turning a heavy linen cart that has significantly worsened his neck since that injury. He complains of pain in the right ribs; right abdominal region; mid and sharp low back pain that is present all the time; radiates down the left lower extremity; numbness and tingling of the entire right lower extremity. The low back has progressively worsened since the 11-7-14 injury. He wears a lumbar support and states the medications help temporarily. Physical examinations of the cervical spine are normal alignment; tenderness cervical midline paravertebral; Spurling test and Compression test were negative; pain in the entire right arm and right upper extremity; shoulders

were normal overall alignment; lumbar spine diffuse tenderness; normal gait; straight leg raising causes low back pain. The report indicates MRI scans, electromyogram and nerve conduction studies were done on 6-4-15 and the results were being requested at this examination. Current requested treatments MRI lumbar spine; EMG, NCV upper extremities; EMG, NCV lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Harris J, Occupational medicine practice guidelines, 2nd edition (2004) - p 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Low Back Complaints, Imaging, pages 303-304.

Decision rationale: The patient had MRI of the lumbar spine in December 2013 and recently in January 2015 for continued chronic unchanged symptom complaints. Exam showed intact motor strength and DTRs with diffuse non-dermatomal decreased in sensation throughout right extremity. The patient continues with unchanged symptom complaints, non-progressive clinical findings without any acute change to supporting repeating the lumbar spine MRI. Exam showed diffuse weakness with intact sensation and reflexes. ACOEM Treatment Guidelines Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies such as the requested MR (EG, Proton) spinal canal and contents, Lumbar without contrast, include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electro diagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports for this chronic injury have not adequately demonstrated the indication for MRI of the Lumbar spine nor document any specific changed clinical findings to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI Lumbar Spine is not medically necessary and appropriate.

EMG/NCV upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Harris J, Occupational medicine practice guidelines, 2nd edition (2004) p 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Neck & Upper Back, Special Studies, Diagnostic, and Treatment Considerations, pages 177-178.

Decision rationale: The patient had MRI of the lumbar spine in December 2013 and recently in January 2015 for continued chronic unchanged symptom complaints. Exam showed intact motor strength and DTRs with diffuse non-dermatomal decreased in sensation throughout right extremity. Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, or entrapment, medical necessity for EMG and NCV have not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any cervical radiculopathy or entrapment syndrome, only with continued diffuse pain, muscle weakness, and decreased sensation in the right side. The EMG/NCV upper extremities are not medically necessary and appropriate.

EMG/NCV lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Harris J, Occupational medicine practice guidelines, 2nd edition (2004) p 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Low Back Complaints, Table 12-8, Electro diagnostics, page 309.

Decision rationale: The patient had MRI of the lumbar spine in December 2013 and recently in January 2015 for continued chronic unchanged symptom complaints. Exam showed intact motor strength and DTRs with diffuse non-dermatomal decreased in sensation throughout right extremity. There was no correlating neurological deficits defined or conclusive imaging identifying possible surgical pathology. Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, entrapment syndrome, medical necessity for EMG and NCV have not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any lumbar radiculopathy or entrapment syndrome. Submitted reports have not demonstrated any correlating symptoms and clinical findings to suggest any lumbar radiculopathy or entrapment syndrome only with continued chronic pain with tenderness without specific consistent myotomal or dermatomal correlation to support for these electro diagnostic studies. The EMG/NCV lower extremities are not medically necessary and appropriate.