

Case Number:	CM15-0169200		
Date Assigned:	09/09/2015	Date of Injury:	04/25/2013
Decision Date:	10/09/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/27/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 35-year-old male, who sustained an industrial injury on 04-25-2013. The injured worker is currently temporarily very disabled. Current diagnoses include lumbar degenerative joint disease with disc protrusion. Treatment and diagnostics to date has included lumbar spine MRI, physical therapy, acupuncture, shockwave therapy, and medications. Current medications include Norco. Lumbar spine MRI dated 02-02-2015 revealed disc desiccation at L4-5 and L5-S1 with associated loss of disc height at L5-S1, degenerative changes, straightening of the lumbar lordotic curvature, diffuse disc herniation at L3-L4, and broad based disc herniation at L3-L4 and L5-S1. In a progress note dated 08-05-2015, the injured worker reported lumbar spine pain rated 6-7 out of 10 on the pain scale. Objective findings included tenderness to palpation to lumbar spine. The Utilization Review report dated 08-19-2015 non-certified the request for lumbar spine MRI and electromyography (EMG)-nerve conduction velocity studies (NCV) 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: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 07/17/15).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: This 35 year old male has complained of lower back pain since date of injury 4/25/2013. He has been treated with acupuncture, shock wave therapy, physical therapy and medications. The current request is for MRI of the lumbar spine. The available medical records show a request for MRI of the lumbar spine without any new physical exam findings or rationale for the above requested testing. Per the MTUS, guidelines cited above, radiographic imaging in the absence of documented worsening of symptoms and/ or in the absence of red flag, symptoms are not indicated. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. There is no such documentation in the available medical records. Based on the MTUS guidelines cited above, MRI of the lumbar spine is not indicated as medically necessary.

Electromyography (EMG)/Nerve Conduction Velocity (NCV) of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation ODG, Low Back (updated 07/17/15).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: This 35 year old male has complained of lower back pain since date of injury 4/25/2013. He has been treated with acupuncture, shock wave therapy, physical therapy and medications. The current request is for EMG/NCV of the bilateral lower extremities. Per the MTUS guidelines cited above, electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The available medical records do not contain documentation of focal neurologic findings or objective evidence of a neuropathy. Based on the available medical records and per the MTUS guidelines cited above, electromyography (EMG)/Nerve Conduction Velocity (NCV) of the bilateral lower extremities is not indicated as medically necessary.