

Case Number:	CM15-0183587		
Date Assigned:	09/24/2015	Date of Injury:	02/07/2002
Decision Date:	11/06/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/18/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 66-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 7, 2002. In a Utilization Review report dated September 11, 2015, the claims administrator failed to approve requests for lumbar MRI imaging and electrodiagnostic testing of the bilateral lower extremities. The claims administrator referenced progress notes of September 1, 2015 and June 23, 2015 office in its determination. The claims administrator also suggested that a lumbar MRI imaging had previously been performed on July 14, 2015. The applicant's attorney subsequently appealed. On September 1, 2015, the applicant reported ongoing complaints of low back pain radiating to left leg. The applicant had superimposed issues with diabetes present, it was reported.

Hyposensorium was appreciated about the left leg. The note was very difficult to follow as it mingled historical issues with current issues. The applicant had not worked since 2003, it was reported. The applicant was using Celebrex for pain relief. The attending provider stated that earlier EMG testing of June 23, 2015 was suggestive of left S1 radiculopathy. The attending provider stated that the applicant had had earlier MRI imaging which identified significant abnormalities and stated that the applicant was therefore a candidate for lumbar epidural steroid injection therapy. The attending provider acknowledged that the applicant's radicular symptoms were seemingly confined to the left lower extremity but stated that he would not have been able to identify what he described as subtle abnormalities without having done electrodiagnostic testing of the seemingly asymptomatic right lower extremity. The attending provider stated that his request for electrodiagnostic testing represented retrospective request for previously

performed bilateral lower extremity electrodiagnostic testing performed on June 23, 2015. The attending provider did not seemingly make any mention of the need for repeat lumbar MRI imaging at this point. Lumbar MRI imaging performed on July 14, 2015 was notable for severe left and moderate right neuroforaminal narrowing at the L5-S1 level with severe canal stenosis at L4-L5. On June 23, 2015, the attending provider noted that the applicant had ongoing complaints of low back pain radiating into left leg. Both lumbar MRI imaging and electrodiagnostic testing were seemingly sought at this point.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of lumbar spine: Upheld

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

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

Decision rationale: No, the request for MRI imaging of the lumbar spine was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are being evaluated. Here, however, office visits of June 23, 2015 and September 1, 2015 made no mention of how the proposed lumbar MRI would have influenced or altered the treatment plan. While said lumbar MRI did uncover issues with multi-level lumbar spinal stenosis, the requesting provider, a neurologist, did not mention of the applicant's willingness to pursue any kind of surgical intervention based on the outcome of the same. Therefore, the request is not medically necessary.

1 EMG/NCV bilateral lower extremity: Overturned

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Chronic Pain, pg. 848, Recommendation: Nerve Conduction Studies for Diagnosing Peripheral Systemic Neuropathy, Nerve conduction studies are recommended when there is a peripheral systemic neuropathy that is either of uncertain cause or a necessity to document extent, Indications - Occupational toxic neuropathies, particularly if there is a concern about confounding or alternate explanatory conditions such as diabetes mellitus, Strength of Evidence - Recommended, Insufficient Evidence (I).

Decision rationale: Conversely, the request for electrodiagnostic testing (EMG-NCV) of the bilateral lower extremities was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, EMG testing is deemed recommended to clarify diagnosis of suspected nerve root dysfunction, as was seemingly present here. The Third Edition ACOEM Guidelines Chronic Pain Chapter also notes

that nerve conduction studies are recommended when there is suspicion of a peripheral systemic neuropathy of uncertain cause. Here, the treating provider contended that the applicant might have issues with diabetic neuropathy superimposed on known, long-standing issues with lumbar radiculopathy and/or lumbar spinal stenosis. Obtaining NCV and EMG testing were, thus, indicated to delineate between the possible considerations, which included lumbar radiculopathy and spinal stenosis. Therefore, the request is medically necessary.