

Case Number:	CM15-0184234		
Date Assigned:	09/24/2015	Date of Injury:	07/01/2009
Decision Date:	11/02/2015	UR Denial Date:	08/19/2015
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: 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 injured worker is a 40-year-old female, who sustained an industrial injury on July 01, 2009. The injured worker was diagnosed as having lumbago, lumbosacral spondylosis without myelopathy with arthritis, osteoarthritis, and spondylosis, disorders of the bursae and tendons in the shoulder region unspecified rotator cuff, degenerative intervertebral disc disease of the cervicothoracic spine, cervicalgia, status post lumbar decompression and fusion of lumbar four to five performed on September 09, 2011, status post right shoulder subacromial impingement and biceps tenodesis performed on January 18, 2010, recurrent right shoulder pain, and depression. Treatment and diagnostic studies to date has included above noted procedures, medication regimen, use of ice, and magnetic resonance arthrogram of the right shoulder. In a progress note dated August 11, 2015 the treating physician reported new symptoms of pain to the left lower back that radiates to the left groin with no new injury reported that initiated two to three weeks prior to this physician visit. Examination performed on August 11, 2015 was revealing for tenderness to the lumbar paraspinal muscles, decreased range of motion to the lumbar spine, and positive straight leg raise. On August 11, 2015, the treating physician requested outpatient magnetic resonance imaging of the lumbar spine due to left lower lumbar pain that radiates to the left groin. On August 11, 2015, the treating physician also requested an electromyogram with nerve conduction study of the left lower extremity due to lumbar pain radiating into the left groin and down the left leg. On August 19, 2015, the Utilization Review determined the requests for outpatient magnetic resonance imaging of the lumbar spine and outpatient electromyogram with nerve conduction study of the left lower extremity to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient MRI of the 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: The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. In this case, the injured worker has a positive straight leg raise but there are no other objective findings on exam that would warrant the use of an MRI, therefore, the request for outpatient MRI of the lumbar spine is determined to not be medically necessary.

Outpatient EMG/NCS of the left lower extremities: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/Nerve Conduction Studies (NCS) Section.

Decision rationale: Per the MTUS Guidelines, EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The MTUS Guidelines do not specifically address nerve conduction studies of the lower extremities. Per the ODG, nerve conduction studies are not recommended because there is minimal justification of performing nerve conduction studies when a patient is presumed to have symptoms based on radiculopathy. In this case, there are no findings on physical examination that support a diagnosis of neurological dysfunction in the injured worker, therefore, the request for outpatient EMG/NCS of the left lower extremities is determined to not be medically necessary.