

Case Number:	CM15-0185292		
Date Assigned:	09/25/2015	Date of Injury:	06/11/2007
Decision Date:	11/02/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/21/2015

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: Emergency 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 50 year old female who sustained an industrial injury on 6-11-2007. A review of medical records indicates the injured worker is being treated for Lumbosacral radiculopathy, failed Lumbar sacral fusion, post laminectomy syndrome, lumbar, L3-L4 2-3 mm central disc protrusion. Mild lateral recess stenosis bilaterally, right side greater than left, moderate hypertrophic facet changes, L4-5 moderate to severe hypertrophic facet changes. Laminectomy defect at L5. Mild lateral recess stenosis, bilaterally, and L5-S1 moderated to severe hypertrophic facet changes, severe left, moderate severe right, lateral recess stenosis. Medical record dated 7-30-2015 noted mid and upper back pain and lower back pain. Pain was rated a 6-7 out of 10. Pain becomes worse with activities of daily living. It is noted she suffers from physical impairment and functional limitations of her back and lower extremities. Physical examination noted tenderness to palpation of lower bilateral lumbar paraspinal muscles and lower lumbar spine facets. Range of motion was reduced to the lumbar spine. Evaluations have included EMG-NCV of bilateral lower extremities dated 12-5-2013 which was normal, CT scan of the lumbar spine dated 6-25-2012 which revealed mild hypertrophic facet changes, X-ray of the lumbar spine which showed evidence of posterior fusion posteriorly, and CT of the left ankle which revealed a posterior calcaneal cyst. Treatment to date has included Ibuprofen, physical therapy, injections, bracing, and activity modification. Utilization review form dated 9-16-2015 noncertified an outpatient CT scan of the lumbar spine and EMG-NCV bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of the lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested CT scan of the lumbar is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, pages 303-305, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has mid and upper back pain and lower back pain. Pain was rated a 6-7 out of 10. Pain becomes worse with activities of daily living. It is noted she suffers from physical impairment and functional limitations of her back and lower extremities. Physical examination noted tenderness to palpation of lower bilateral lumbar paraspinal muscles and lower lumbar spine facets. Range of motion was reduced to the lumbar spine. Evaluations have included EMG-NCV of bilateral lower extremities dated 12-5-2013 which was normal, CT scan of the lumbar spine dated 6-25-2012 which revealed mild hypertrophic facet changes. The treating physician has not documented evidence of an acute clinical change since a previous study. The criteria noted above not having been met, CT scan of the lumbar is not medically necessary.

EMG/NCV bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested EMG/NCV bilateral lower extremities is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, page 303, Special Studies and Diagnostic and Treatment Considerations, note "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The injured worker has mid and upper back pain and lower back pain. Pain was rated a 6-7 out of 10. Pain becomes worse with activities of daily living. It is noted she suffers from physical impairment and functional limitations of her back and lower extremities. Physical examination noted tenderness to palpation

of lower bilateral lumbar paraspinal muscles and lower lumbar spine facets. Range of motion was reduced to the lumbar spine. Evaluations have included EMG-NCV of bilateral lower extremities dated 12-5-2013 which was normal, CT scan of the lumbar spine dated 6-25-2012 which revealed mild hypertrophic facet changes. The treating physician has not documented evidence of an acute clinical change since a previous study. The criteria noted above not having been met, EMG/NCV bilateral lower extremities is not medically necessary.