

Case Number:	CM15-0191512		
Date Assigned:	10/29/2015	Date of Injury:	03/15/2012
Decision Date:	12/09/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/29/2015

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 51 year old male, who sustained an industrial injury on 3-15-2012. The injured worker was diagnosed as having lumbosacral spondylosis, spondylolisthesis, lumbar radiculopathy, lumbar post laminectomy syndrome, and radiculopathy. Treatment to date has included lumbar spinal surgery "years ago" (date unspecified) and medications. On 8-10-2015 (Doctor's First Report of Occupational Injury of Illness), the injured worker complains of low back pain with radiation down the right leg, and numbness into the right great toe, worse with bending, lifting, and twisting. He also had pain with Valsalva maneuver. Objective findings for the lumbar spine noted restricted range of motion, tenderness, hypertonicity and spasm on palpation of the paravertebral muscles, spinous process tenderness on L4 and L5, straight leg raise and lumbar facet loading positive on the right, with numbness in the right great toe, ankle jerk 1 of 4 bilaterally, patellar jerk 0 of 4 on the right and 2 of 4 in the left, and tenderness over the sacroiliac spine. Medication use included Norco. Work status was modified. The treatment plan included electromyogram and nerve conduction studies of the lumbar spine and lower extremities, to rule out right lower extremity radiculopathy, and magnetic resonance imaging of the lumbar spine. On 8-31-2015 Utilization Review non-certified a request for electromyogram and nerve conduction studies for the lumbar spine and magnetic resonance imaging of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/ NCV 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) - TWC Low Back.

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

Decision rationale: Electrodiagnostic studies which must include needle EMG is recommended where a CT or MRI is equivocal and there are ongoing pain complaints that raise questions about whether there may be a neurological compromise that may be identifiable (i.e., leg symptoms consistent with radiculopathy, spinal stenosis, peripheral neuropathy, etc.). However, the patient already had an MRI of the lumbar spine showing remarkable findings s/p lumbar laminectomy and lumbar fusion consistent with lumbar radiculopathy negating any medical necessity for diagnostic EMG. Submitted reports have no change in chronic symptoms or progressive neurological deficits for the electrodiagnostic testing. Additionally, the presumed diagnosis and treatment is lumbar radiculopathy; hence, NCS without suspicion or findings of entrapment syndrome has not been established to meet guidelines criteria. The EMG/NCV of the lumbar spine is not medically necessary and appropriate.

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) - TWC Low Back.

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

Decision rationale: The patient continues with unchanged symptom complaints, non-progressive clinical findings without any acute change to supporting repeating the lumbar spine MRI. Treatment Guidelines Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies such as the requested MR 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 electrodiagnostic 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 March 2012 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 of the lumbar spine is not medically necessary and appropriate.

