

Case Number:	CM15-0195344		
Date Assigned:	10/09/2015	Date of Injury:	09/03/2015
Decision Date:	11/20/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/05/2015

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 45-year-old male, with a reported date of injury of 09-03-2015. The diagnoses include lumbar sprain and strain, lumbosacral sprain and strain, left shoulder sprain and strain, lumbar radiculitis, and sciatica. Treatments and evaluation to date have included Flexeril, Ibuprofen, massage, acupuncture, and physical therapy. The diagnostic studies to date have not been included in the medical records provided. The physical medicine consultation report dated 09-11-2015 indicates that the injured worker reinjured an old back injury. It was noted that the pain worsened, and radiated across the left side of his low back, down to the buttock area, and down to his left leg, mostly on the left side. The pain was rated 7 out of 10, and was associated with numbness, tingling, and weakness throughout the lower extremity, worse on the left than the right. It was noted that the injured worker had moderate difficulty with all activities of daily living, including grooming, toileting, and hygiene. The objective findings include increased lumbar lordosis; palpated trigger points around the lumbar quadratus, gluteus medius region, and gluteus maximus region bilaterally; trace swelling throughout the lower extremities bilaterally; pain and limited range of motion in all planes of the lumbar spine at 30% of forward flexion, extension, and neutral rotation on the left; paresthesias along the medial aspect of the right and left leg; and a moderately antalgic gait on the left. The treatment plan included an MRI of the lumbosacral spine to look at the herniated discs at the L4-5 and L5-S1 pressing up against the L5 and S1 nerve root; and electrodiagnostic tests to be performed in the next couple of weeks if the injured worker's symptoms did not resolve. The site of the electrodiagnostic tests was not indicated. The injured worker was temporarily totally

disabled. The treating physician requested an MRI of the lumbar spine without contrast and diagnostic electrodiagnostic studies of the bilateral upper extremities. On 09-23-2015, Utilization Review (UR) non-certified the request for an MRI of the lumbar spine without contrast and diagnostic electrodiagnostic studies of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without Contrast DOS 9/11/15 of The Lumbar Spine: Overturned

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

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 under MRIs.

Decision rationale: The 45 year old patient presents with left lower back, left thigh, and left shoulder injury, with pain rated at 8/10, as per progress report dated 09/10/15. The request is for MRI without contrast DOS 9/11/15 of the lumbar spine. There is no RFA for this case, and the patient's date of injury is 09/03/15. Diagnoses, as per progress report dated 09/10/15, included lumbar sprain/strain, lumbosacral sprain/strain, and shoulder sprain/strain. Medications included Flexeril and Ibuprofen. Diagnoses, as per progress report dated 09/11/15, included lumbar radiculitis and sciatica. The patient is temporarily totally disabled, as per the same report. MTUS/ACOEM Guidelines, Low Back Complaints, chapter 12, page 303 states: "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." ODG guidelines, Low back chapter under MRIs (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. In this case, the request for a lumbar MRI is noted in progress report dated 09/11/15. The treater states that the patient was treated for a lower back injury five years ago, and now, he has reinjured himself. The treater is requesting for the diagnostic study to look at herniated disc at the L4-15 [L4-5] and L5-S1 pressing up against the L5 and S1 nerve root. Physical examination of the lumbar spine revealed reduced range of motion and paraesthesias along the medial aspect of the right and left leg. Physical examination of the lumbar spine, as per progress report dated 09/10/15, revealed tenderness to palpation along with reduced range of motion and a positive straight leg raise. Given the recent injury, lower back pain and neurologic deficits, the request for an MRI appears reasonable and is medically necessary.

Diagnostic Test Electrodiagnostic Studies DOS 9/11/15 of BUE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back chapter.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

Decision rationale: The 45 year old patient presents with left lower back, left thigh, and left shoulder injury, with pain rated at 8/10, as per progress report dated 09/10/15. The request is for diagnostic test electrodiagnostic studies DOS 9/11/15 of BUE. There is no RFA for this case, and the patient's date of injury is 09/03/15. Diagnoses, as per progress report dated 09/10/15, included lumbar sprain/strain, lumbosacral sprain/strain, and shoulder sprain/strain. Medications included Flexeril and Ibuprofen. Diagnoses, as per progress report dated 09/11/15, included lumbar radiculitis and sciatica. The patient is temporarily totally disabled, as per the same report. For EMG, ACOEM Guidelines, chapter 11, Forearm, Wrist, and Hand Complaints chapter and Special Studies section, page 303 states "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." In this case, a request for EMG/NCV is noted in progress report dated 09/11/15. The treater states the test is to be performed in the next couple of weeks if his symptoms do not resolve. However, it appears that the treater is requesting for a lower extremity EMG/NCV as the patient is experiencing lower back and lower extremity symptoms. The request for review, nonetheless, is for bilateral upper extremities, and the reports do not document any upper extremity issues with neurologic deficits to warrant electrodiagnostic studies. Hence, the request is not medically necessary.