

Case Number:	CM15-0206529		
Date Assigned:	10/23/2015	Date of Injury:	08/16/2012
Decision Date:	12/04/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/20/2015

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 48 year old male who sustained an industrial injury on 08-16-2012. Medical records indicated the worker was treated for hip tendonitis-bursitis, lumbosacral radiculopathy, post-surgical status not elsewhere classified, lumbago, lumbar disc displacement without myelopathy, thoracic or lumbosacral neuritis or radiculitis not otherwise specified. In the provider notes of 09-10-2015, the injured worker complains of lower back pain with radiculopathy symptoms in the lower extremities and numbness, tingling, and weakness mainly on the right side. He is status post right hip arthroplasty with postoperative physical therapy for the right hip. The worker is considering surgical intervention to the lumbar spine. The treatment plan includes a closed MRI study along with neurodiagnostic studies of the bilateral lower extremities. The notes of 08-11-2015 state the worker is status post left microdecompression and is a candidate for a right L5-S1 microdecompression. His pain level is a 7 on a scale of 10 without medication and with medication is a 2-3. On physical exam, spasm and tenderness is noted in the paravertebral muscles of lumbar spine with decreased range of motion on flexion and extension. Dysesthesia is noted in the L5 and S1 dermatomal distributions bilaterally mainly on the right side. A well-healed incision is noted. His medications include Norco, Percocet, gabapentin, soma, Celebrex, Ambien, Prilosec and a topical cream. A request for authorization was submitted for: Electromyography/nerve conduction velocity of the left lower extremities, Electromyography/nerve conduction velocity of the right lower extremities, and Magnetic resonance imaging of the lumbar spine without contrast. A utilization review decision on 10-13-2015 non-certified the requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography/nerve conduction velocity of the left lower extremities: Upheld

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

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

Decision rationale: There were no correlating neurological deficits defined nor conclusive imaging identifying possible neurological compromise. Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, and entrapment neuropathy, medical necessity for EMG and NCV has not been established. Submitted reports have not demonstrated any symptoms or correlating myotomal/dermatomal clinical findings to suggest any lumbar radiculopathy or entrapment syndrome. The Electromyography/nerve conduction velocity of the left lower extremities is not medically necessary and appropriate.

Electromyography/nerve conduction velocity of the right lower extremities: Upheld

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

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

Decision rationale: There were no correlating neurological deficits defined nor conclusive imaging identifying possible neurological compromise. Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, and entrapment neuropathy, medical necessity for EMG and NCV has not been established. Submitted reports have not demonstrated any symptoms or correlating myotomal/dermatomal clinical findings to suggest any lumbar radiculopathy or entrapment syndrome. The Electromyography/nerve conduction velocity of the right lower extremities is not medically necessary and appropriate.

Magnetic resonance imaging of the lumbar spine without contrast: Upheld

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

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

Decision rationale: Per Treatment Guidelines for the Lower Back Disorders, Criteria for ordering imaging studies 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, none identified here. 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 injury have not adequately demonstrated the indication for repeating the MRI of the Lumbar spine nor document any specific changed clinical findings of neurological deficits, progressive deterioration, or acute red-flag findings to support repeating this imaging study. The patient exhibits continued chronic low back pain with unchanged clinical findings. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The Magnetic resonance imaging of the lumbar spine without contrast is not medically necessary and appropriate.