

Case Number:	CM15-0027503		
Date Assigned:	02/19/2015	Date of Injury:	10/15/2007
Decision Date:	04/07/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/13/2015

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 male, who sustained an industrial injury on 10/15/2007. On 2/13/15, the injured worker submitted an application for IMR for review of MRI lumbar Spine, and EMG/NCS Bilateral Lower Extremities. The treating provider has reported the injured worker complained of increased back pain radiating to buttock and leg numbness. The diagnoses have included myofascial pain syndrome, lumbar radiculopathy, and lumbar sprain. Treatment to date has included MRI lumbar (12/12/07), bilateral transforaminal epidural steroid injections (10/4/13), medication. On 2/2/15 Utilization Review non-certified of MRI lumbar Spine, and EMG/NCS Bilateral Lower Extremities. The ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG online Edition (http://www.odg-twc.com/odgtwc/low_back.html#MRIs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability

guidelines, chapter Lower back Lumbar & Thoracic (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRIs).

Decision rationale: The 49 year old patient presents with pain in the lower back that radiates to buttocks, especially with twisting and ending, as per progress report dated 01/12/15. The request is for MRI FOR LUMBAR SPINE. The RFA for the case is dated 01/26/15, and the patient's date of injury is 10/15/07. Diagnoses, as per progress report dated 01/26/15, included myofascial pain syndrome, chronic sprain of the lumbar spine and lumbar facet syndrome. Medications included Naproxen, Omeprazole and Neurontin. The patient is working full time, as per progress report dated 01/26/15. ACOEM Guidelines, chapter 8, page 177 and 178, state 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. ODG Guidelines, chapter Lower back Lumbar & Thoracic (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRIs)', do not support MRIs unless there are neurologic signs/symptoms present. Repeat MRI's are indicated only if there has been progression of neurologic deficit. In this case, the progress reports are handwritten and not very legible. The treater has requested for a new MRI of the lumbar spine, in progress report dated 01/26/15, as the patient has not had an updated MRI for over 5 years. While the progress reports do not discuss prior imaging studies, the UR letter states that an MRI, dated 12/12/07, revealed mild L4-5 and L5-S1 facet degenerative disease, and mild disc protrusion at L5-S1. ODG guidelines support repeat MRIs only when there is a progression of the neurologic deficit. No red flags or post-operative changes have been documented in the progress reports. Hence, the request IS NOT medically necessary.

EMG/NCS Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ODG online Edition (<http://www.odg-twc.com/odgtwc/neck.html>).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'EMGs (electromyography)', chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Nerve conduction studies (NCS).

Decision rationale: The 49 year old patient presents with pain in the lower back that radiates to buttocks, especially with twisting and ending, as per progress report dated 01/12/15. The request is for EMG/NCS BILATERAL LOWER EXTREMITIES. The RFA for the case is dated 01/26/15, and the patient's date of injury is 10/15/07. Diagnoses, as per progress report dated 01/26/15, included myofascial pain syndrome, chronic sprain of the lumbar spine and lumbar facet syndrome. Medications included Naproxen, Omeprazole and Neurontin. The patient is working full time, as per progress report dated 01/26/15. ODG Guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'EMGs (electromyography)', state that EMG studies are "Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." ODG Guidelines,

chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Nerve conduction studies (NCS)', states that NCV studies are "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy." In this case, the progress reports are handwritten and mostly illegible. In progress report dated 01/26/15, the treater is requesting for EMG/NCV as the patient has not had an updated test for over 5 years. However, the patient has already been diagnosed with lumbosacral radiculopathy. ODG guidelines do not recommend electrodiagnostic testing when the diagnosis of radiculopathy has already been confirmed. Additionally, Guidelines allow for repeat studies only if the original study was negative. This request IS NOT medically necessary.