

Case Number:	CM15-0215734		
Date Assigned:	11/05/2015	Date of Injury:	02/11/2012
Decision Date:	12/23/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/03/2015

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: New York, Tennessee
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 59 year old female, who sustained an industrial injury on 2-11-2012. The medical records indicate that the injured worker is undergoing treatment for cervicgia, lumbago, and lumbar spondylosis L4-L5 and L5-S1. According to the progress report dated 10-20-2015, the injured worker presented with complaints of neck and low back pain. On a subjective pain scale, she rates her pain 8 out of 10. The physical examination reveals pain upon palpation over the cervical paraspinous muscles on the left C7-T1, pain upon palpation over the lumbar facet joints bilaterally at L4-5 and L5-S1 that is increased with facet loading maneuvers, and decreased sensation over the left C6-7 and L5-S1. The current medications are Mobic. Previous diagnostic studies include electrodiagnostic testing of the bilateral lower extremities on 10-6-2015 (normal). Treatments to date include medication management. Work status is described as permanent and stationary. The original utilization review (10-29-2015) had non-certified a request for MRI of the lumbar spine, neurological consultation, and EMG-NCV 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:

Lumbar MRI without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar and Thoracic (Acute and Chronic), MRIs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar and Thoracic, MRIs.

Decision rationale: MRI of the spine is recommended for indications below. MRI's are the test of choice for patients with prior back surgery. MRI of the lumbar spine for uncomplicated low back pain, with radiculopathy, is not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). Indications for imaging - Magnetic resonance imaging: Thoracic spine trauma: with neurological deficit; Lumbar spine trauma: trauma, neurological deficit; Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit); Uncomplicated low back pain, suspicion of cancer, infection, other "red flags"; Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit; Uncomplicated low back pain, prior lumbar surgery; Uncomplicated low back pain, cauda equina syndrome; Myelopathy (neurological deficit related to the spinal cord), traumatic; Myelopathy, painful; Myelopathy, sudden onset; Myelopathy, stepwise progressive; Myelopathy, slowly progressive; Myelopathy, infectious disease patient; Myelopathy, oncology patient. In this case, there is no documentation of red flags or progressive neurologic compromise. Electrodiagnostic testing does not support sensory deficits of the lower extremities. Medical necessity has not been established. The request is not medically necessary.

Neurological consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7 Independent Medical Examinations and Consultations, page 127.

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

Decision rationale: The patient request for neurologist referral was for electrodiagnostic testing, i.e. electromyography and nerve conduction velocities of the bilateral upper extremities. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, the patient is not experiencing symptoms of radicular pain. In addition, documentation does not support that there had been a significant change in the patient's condition. Medical necessity has not been established. The request is not medically necessary.

EMG/NCV bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies, Summary, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter- Electrodiagnostic studies (EDS), Nerve Conduction Studies (NCS), Electromyography (EMG), American Association of Neuromuscular and Electrodiagnostic Medicine (AANEM).

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

Decision rationale: Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, the patient is not experiencing symptoms of radicular pain. In addition, documentation does not support that there had been a significant change in the patient's condition. Medical necessity has not been established. The request is not medically necessary.