

Case Number:	CM15-0218980		
Date Assigned:	11/10/2015	Date of Injury:	09/13/2014
Decision Date:	12/22/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/06/2015

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, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric 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 26 year old female, who sustained an industrial injury on 9-13-2014. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar region radiculopathy. On 10-22-2015, the injured worker reported worsening left lower extremity radiculopathy with dense numbness and give away weakness rated 7-8 out of 10. The Treating Physician's report dated 10-22-2015, noted the injured worker took Flexeril, and Norco with a consistent CURES and reported good analgesia and improved function without significant side effects. The Physician noted the last lumbar MRI in July 2015 noted significant disease at L4-L5 and L5-S1, worse on the left. The physical examination was noted to show the lumbar spine range of motion (ROM) normal with pain and positive straight leg raise on the left. Prior treatments and evaluations have included a 6-30-2015 lumbar spine MRI with the impression of degenerative disc disease affecting L4-L5 and L5-S1 with disc bulging worse at L4-L5 Causing mild spinal stenosis with nerve impingement upon the nerve roots in the spinal canal worse at L4-L5, mild left neural foraminal narrowing at L4-L5, and scattered joint facet osteoarthritis, aqua therapy, and physical therapy. The treatment plan was noted to include an order for an electromyography (EMG) due to worsening numbness and questionable weakness of the left lower extremity, a repeat lumbar spine MRI for worsening symptoms, a spine consult, Norco, Naproxen, and start of baclofen, and request for approval for a left-sides L4-L5 and L5-S1 transforaminal epidural steroid injection (ESI). The request for authorization dated 10-23-2015, requested an electromyography (EMG) of the left lower extremity and a MRI of the lumbar spine. The Utilization Review (UR) dated 10-30-2015, denied the requests for an electromyography (EMG) of the left lower extremity and a MRI 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 of the Left Lower Extremity: Upheld

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 rationale: Per ACOEM, electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with low back symptoms, or both, lasting more than three or four weeks. They can identify low back pathology in disc protrusion but this has been done with recent MRI. There are no red flags on physical exam to warrant further imaging, testing or referrals. The records do not support the medical necessity for an EMG of the left lower extremity.

MRI of the Lumbar Spine: Upheld

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 rationale: Per the ACOEM, MRI can be useful to identify and define low back pathology in disc protrusion and spinal stenosis. However, there are no red flags on physical exam and the worker already had a recent MRI. In absence of physical exam evidence of red flags, a MRI of the lumbar spine is not medically indicated. The medical necessity of a lumbar MRI is not substantiated in the records.