

<b>Case Number:</b>	CM15-0037197		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	10/20/2011
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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 Jersey, New York  
 Certification(s)/Specialty: Family Practice

### 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 46 year old female, who sustained an industrial injury to the neck and back on 10/21/11 working as a bus attendant doing repetitive bending twisting and climbing. The diagnoses have included cervical strain/sprain with radiculitis/radiculopathy, lumbar strain/sprain with radiculitis/radiculopathy, right shoulder sprain/strain, anxiety, depression and insomnia. Treatment to date has included medications, diagnostics and physical therapy. Currently, as per the physician progress note dated 1/7/15, the injured worker complains of pain in the neck, lower back and right wrist. The pain in the neck and back were associated with radicular symptoms into the bilateral arms and legs. Physical exam of the cervical spine revealed positive compression test and Spurling test with tightness and spasm bilaterally. The lumbar spine revealed tightness and spasm bilaterally and hypoesthesia along the anterior aspect of the foot and ankle bilaterally. The right wrist revealed positive Tinel's sign on the right and Phalen's sign positive on the right with tenderness noted. The current medications listed included Norco, Ultram, Anaprox, Prilosec, Fexmid, and Ambien. The physician request was for Magnetic Resonance Imaging (MRI) of the lumbar spine, EMG/NCV Bilateral lower extremities and Paraffin wax unit for home use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Lumbar:** Upheld

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

**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, MRI.

**Decision rationale:** The request for a repeat MRI is medically unnecessary. The MTUS does not address repeat MRIs. According to ODG guidelines, repeat MRIs are not recommended unless there is significant change in symptoms and findings suggestive of significant pathology like tumors, infections, fractures, neurocompression, and recurrent disc herniation. There is no clear documentation of worsening symptoms or signs, progressing neurological deficits, and red flags. The patient has had lower back pain with radiculopathy to lower extremities with similar exam findings. He had an MRI showing "abnormal results" which were not specified. Because of these reasons, the request for a repeat lumbar MRI is medically unnecessary.

**EMG/NCV Bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 309.

**Decision rationale:** The request for an EMG/NCV of the lower extremities is not medically necessary. EMG/NCV is used to clarify nerve root dysfunction and is not indicated for obvious radiculopathy. The patient has obvious radiculopathy and was documented to have hypoesthesia of L5 and S1 bilaterally. He was also documented to have a previous electrodiagnostic test and there was no clarification if there was a worsening of symptoms and signs that would require another test. Therefore, the request is considered not medically necessary.

**Paraffin wax unit for home use:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Paraffin wax baths.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Paraffin wax unit.

**Decision rationale:** Paraffin wax baths are generally used to treat arthritis of the hands in conjunction with an exercise program. The patient is not being treated for arthritis of bilateral hands and had signs of carpal tunnel on exam with positive Tinel's and Phalen's. Therefore, there is no need for wax baths. The request is considered not medically necessary.