

Case Number:	CM15-0037869		
Date Assigned:	03/06/2015	Date of Injury:	04/21/2010
Decision Date:	04/16/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	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: 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 55 year old male, who sustained an industrial injury reported on 4/21/2010. He reported back pain with numbness and tingling in the lower extremities. The diagnoses were noted to include status-post partial medial meniscectomy, left knee; left knee chondromalacia patella; rule-out recurrent left knee meniscal tear; lumbar spine/strain, rule out lumbar radiculopathy; and complaints of moderate depression and anxiety. Treatments to date have included consultations; diagnostic imaging studies; physical therapy; modified work duty; and medication management. The work status classification for this injured worker (IW) was not noted to have been returned to regular work duty, without restrictions, but was laid off in 2/2011. The progress notes of 1/20/2015 note this IW to be temporarily totally disabled. On 2/11/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 2/5/2015, for muscle test 2 limbs of electromyogram and nerve conduction velocity studies of the bilateral lower extremities. The Medical Treatment Utilization Schedule, electromyogram and nerve conduction velocity studies of the bilateral lower extremities; American College of Occupational and Environmental medicine Guidelines, chapter 12; and the Official Disability Guidelines, low back, electromyogram studies, nerve conduction studies, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV (Electromyography/Nerve Conduction Velocity) of the Bilateral Lower Extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), 2015, Low Back, EMGs (electromyography); Nerve Conduction Studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter, under Nerve conduction studies & EMG studies.

Decision rationale: Based on the 01/20/15 progress report provided by treating physician, the patient presents with low back pain that radiates to the left leg with numbness and tingling, and left knee pain. The request is for EMG/NCV (ELECTROMYOGRAPHY/NERVE CONDUCTION VELOCITY) OF THE BILATERAL LOWER EXTREMITIES. Patient is status post left knee surgery 07/16/10. Patient's diagnosis per Request for Authorization form dated 02/04/15 includes Neuralgia, neuritis, and radiculitis, unspecified; rule out radiculopathy. Physical examination to the lumbar spine on 01/20/15 revealed tenderness to palpation to the left paraspinal muscles, guarding and spasm. Positive straight leg raise test on the left. Physical examination to the left knee revealed popping, crepitus and locking during range of motion, which was decreased on flexion 120 degrees. Tenderness to the medial and lateral joint line, and patellofemoral joint. Treatments to date have included consultations; diagnostic imaging studies; physical therapy; modified work duty; and medication management. The patient is temporarily totally disabled, per treater report dated 01/20/15. For EMG, ACOEM Guidelines page 303 states "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." Regarding Nerve conduction studies, ODG guidelines Low Back Chapter, under Nerve conduction studies states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." ODG for Electrodiagnostic studies (EDS) states, "(NCS) which are not recommended for low back conditions, and EMGs (Electromyography) which are recommended as an option for low back." UR letter dated 02/13/14 states "...the patient has no evidence of lumbosacral radiculopathy, nor does he truly have convincing radicular complaints. He has already had an MRI, which should be adequate to visualize his disk and exiting nerve roots..." However, the patient presents with radiating symptoms with numbness and tingling to the left leg, a diagnosis of radiculitis and supporting physical examination findings to the lumbar spine on 01/20/15. Treater intends to rule out radiculopathy. There is no evidence that patient has had prior electrodiagnostic study to the lower extremities conducted. Given findings and diagnosis, the request appears reasonable and in accordance with guideline indications. Therefore, the request IS medically necessary.

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), 2015, Low Back, Repeat MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, MRIs (magnetic resonance imaging).

Decision rationale: Based on the 01/20/15 progress report provided by treating physician, the patient presents with low back pain that radiates to the left leg with numbness and tingling. The request is for MRI OF LUMBAR SPINE. Patient's diagnosis per Request for Authorization form dated 02/04/15 includes Displacement of intervertebral disc, site unspecified, without myelopathy; rule out herniated disc. Diagnosis on 01/20/15 included lumbar spine strain, rule out lumbar radiculopathy. Physical examination to the lumbar spine on 01/20/15 revealed tenderness to palpation to the left paraspinal muscles, guarding and spasm. Positive straight leg raise test on the left. Treatments to date have included consultations; diagnostic imaging studies; physical therapy; modified work duty; and medication management. The patient is temporarily totally disabled, per treater report dated 01/20/15. ODG guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG guidelines further state the following regarding MRI's, "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)." Per RFA dated 02/04/15, treater is requesting MRI of the lumbar spine to rule out lumbar radiculopathy. Medical records provided reveal MRI study of the lumbar spine has been done on 02/01/12. According to guidelines, for an updated or repeat MRI, the patient must be post-operative or present with a new injury, red flags such as infection, tumor, fracture or neurologic progression. This patient does not present with any of these. Therefore, the request IS NOT medically necessary.