

Case Number:	CM15-0047187		
Date Assigned:	03/19/2015	Date of Injury:	03/04/2010
Decision Date:	04/20/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/12/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 52 year old female sustained an industrial injury to the back, bilateral wrists and left knee on 3/4/10. Previous treatment included lumbar fusion, magnetic resonance imaging, physical therapy, chiropractic therapy, acupuncture, aqua therapy, medications, epidural steroid injections, injections and psychiatric care. In a PR-2 dated 2/5/15, the injured worker complained of ongoing pain to the lumbar spine, bilateral wrists and left knee 7-9/10 on the visual analog scale. Current diagnoses included status post lumbar decompression with residual bilateral lower extremity radiculopathy, status post lumbar fusion, bilateral carpal tunnel syndrome, antalgic gait, gastrointestinal upset, sleep disturbance and hypertension. The treatment plan included continuing bilateral wrist injections, reviewing medications from pain consultation and obtaining magnetic resonance imaging lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar with/without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for bilateral wrist, left knee, and low back pain with residual lower extremity radiculopathy after a lumbar fusion. An MRI of the lumbar spine was done in August 2014. The requesting provider documents decreased lower extremity sensation with positive straight leg raising. Guidelines indicate that a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, the claimant's surgery appears to have been uncomplicated and there is no apparent significant change in symptoms or findings suggestive of significant pathology. Therefore, the requested repeat MRI was not medically necessary.

EMG/NCV bilateral lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Low Back-Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS) (2) Low Back-Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography).

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for bilateral wrist, left knee, and low back pain with residual lower extremity radiculopathy after a lumbar fusion. An MRI of the lumbar spine was done in August 2014. The requesting provider documents decreased lower extremity sensation with positive straight leg raising. Electromyography (EMG) testing is recommended as an option and may be useful to obtain unequivocal evidence of radiculopathy. However, as in this case, electromyography is not necessary if radiculopathy is already clinically obvious. Nerve conduction studies (NCS) for lumbar radiculopathy are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of lumbar radiculopathy. Therefore, the requested bilateral lower extremity NCV was also not medically necessary.