

Case Number:	CM15-0048237		
Date Assigned:	03/20/2015	Date of Injury:	01/11/2015
Decision Date:	05/11/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/13/2015

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 27-year-old male who reported an injury on 01/11/2015. The mechanism of injury was a motor vehicle accident. His diagnoses included cervical spine sprain/strain, lumbar sprain/strain, radiculitis lumbosacral, rule out lumbar spine degenerative disc/joint disease and rule out cervical spine degenerative disc disease. His past treatments have included physical therapy, pain medication and chiropractic visits. His diagnostic studies included an MRI of the lumbar spine, performed on 02/26/2015 that revealed a 2 mm midline disc protrusion resulting in effacement of the anterior thecal sac with no neural abutment or central canal narrowing at L4-5; there is a 1 mm midline disc bulging at L5-S1. His surgical history was not included. The injured worker had complaint of pain to the cervical spine that he rated at a 5/10 and pain to lumbar spine he rated at a 6/10. Physical exam findings included straight leg raise seated tested is positive bilateral, supine straight leg test is positive at 40 degrees on the right and positive at 40 degrees on the left. Range of motion was measured at the lumbar in flexion at 30 degrees bilaterally with pain and spasm, lumbar spine extension measured at 10 degrees bilaterally with pain and spasm and the lumbar spine lateral bending was 5 degrees bilaterally with pain and spasm. His medications included Flexeril and ibuprofen. His treatment plan included requesting FCE, physical therapy, medications and encourage exercise. The rationale for the request was to rule out disc disease. The Request for Authorization form was signed and dated 01/23/2015 in the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for MRI of the lumbar spine is not medically necessary. The ACOEM Guidelines state CT or MRI is recommended when cauda equina, tumor, infection or fracture are strongly suspected and plain film radiographs are negative. As there is an absence of red flags to indicate the need for MRI, the request for MRI of the lumbar spine is not medically necessary.

Electromyography (EMG) of the Right Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for electromyography of the right lower extremity is not medically necessary. The patient has only had a few sessions of therapy and there is a lack of documentation of his response to therapy and other conservative care measures. Therefore, the request for electromyography of the right lower extremity is not medically necessary.

Nerve Conduction Studies (NCS) of the Right Lower Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Nerve Conduction Studies (NCS).

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, Nerve conduction studies (NCS).

Decision rationale: The request for nerve conduction studies of the right lower extremity is not medically necessary. The Official Disability Guidelines state that nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. Therefore, the request for nerve conduction studies of the right lower extremity are not medically necessary.

Nerve Conduction Studies (NCS) of the Left Lower Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Nerve Conduction Studies (NCS).

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, Nerve conduction studies (NCS).

Decision rationale: The request for nerve conduction studies of the left lower extremity is not medically necessary. The Official Disability Guidelines state that nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. Therefore, the request for nerve conduction studies of the left lower extremity are not medically necessary.

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, Chapter 7, Independent Medical Examinations and Consultations, page 132-139.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional capacity evaluation (FCE).

Decision rationale: The request for Functional Capacity Evaluation is not medically necessary. The Official Disability Guidelines state, do not proceed with a Functional Capacity Evaluation if the sole purpose is to determine a worker's effort or compliance. Therefore, the request for Functional Capacity Evaluation is not medically necessary.

Electromyography (EMG) of the Left Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for electromyography of the left lower extremity is not medically necessary. The patient has only had a few sessions of therapy and there is a lack of documentation of his response to therapy and other conservative care measures. Therefore, the request for electromyography of the left lower extremity is not medically necessary.