

Case Number:	CM15-0056292		
Date Assigned:	04/01/2015	Date of Injury:	09/17/2007
Decision Date:	05/08/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/24/2015

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:

This 59-year-old female sustained an industrial injury on 9/17/07. She subsequently reported arm, low back, shoulder and upper back pain. Diagnoses include postlaminectomy syndrome lumbar and lumbar or thoracic radiculopathy. Diagnostic testing has included x-rays and MRIs. Treatments to date have included surgery, physical therapy and prescription pain medications. The injured worker continues to experience low back pain with symptoms radiating to the left lower extremity. A request for an MRI with or without contrast of the lumbar spine and EMG/NCV of the bilateral lower extremities was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI with or without contrast of the lumbar spine: Overturned

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

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, MRI.

Decision rationale: Per the 02/27/15 report by [REDACTED] the patient presents with lower back pain radiating down the left posterior leg to the foot s/p L5-S1 fusion of unspecified date. Examination reveals decreased range of motion of the lumbar spine with decreased sensation to pinwheel L5 and S1 on the left and positive SLR on the left. The patient's listed diagnoses include lumbar radicular pain. The current request is for MRI with or without contrast of the lumbar spine. The RFA included is dated 03/02/15. The report does not state if the patient is currently working. ODG guidelines Low Back Chapter MRI Topic, state that, "MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. 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)." The treating physician states repeat MRI is requested to rule out hardware impinging on nerve root and to determine if the patient is candidate for hardware removal per recommendation by spine surgeon [REDACTED]. In September 2013, [REDACTED]'s report is not included for review. This request was denied and is now resubmitted. In this case, ODG guidelines state MRI is the test of choice for patients with prior back surgery. There is no evidence of a post-surgical MRI for this patient. The request is medically necessary.

EMG/NCV of the bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Electrodiagnostic testing.

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: EMGs (electromyography) studies, Low Back chapter: Nerve conduction studies (NCS).

Decision rationale: Per the 02/27/15 report by [REDACTED] the patient presents with lower back pain radiating down the left posterior leg to the foot s/p L5-S1 fusion of unspecified date. Examination reveals decreased range of motion of the lumbar spine with decreased sensation to pinwheel L5 and S1 on the left and positive SLR on the left. The patient's listed diagnoses include lumbar radicular pain. The current request is for EMG/NCV of the bilateral lower extremities. The RFA included is dated 03/02/15. The report does not state if the patient is currently working. ACOEM page 303 states, "Electromyography (EMG) including H-reflex test may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." Repeat studies are not addressed. ODG (Online Low Back chapter: EMGs; electromyography) ODG states, "Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." Repeat studies are not addressed. ACOEM is silent on NCV testing of the lower extremities. ODG (Online Low Back chapter: Nerve conduction studies (NCS) ODG 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 which are recommended as an option for low back." Repeat studies are not addressed. The treating physician states that this request is to rule out radiculopathy as recommended by [REDACTED] but denied in September 2013. In this case, EMG is indicated if radiculopathy is not obvious and the patient has a diagnosis of lumbar radiculopathy.

Furthermore, evidence is provided for deficiencies in the left lower extremity, but this request is for the bilateral lower extremities and there is no documentation of right lower extremity radiculopathy. The current request is not medically necessary.