

Case Number:	CM15-0056838		
Date Assigned:	04/01/2015	Date of Injury:	04/22/2013
Decision Date:	07/31/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/25/2015

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: 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 32 year old male, who sustained an industrial injury on 4/22/13. He reported pain in his lower back and bilateral knees related to cumulative trauma. The injured worker was diagnosed as having lumbar strain and bilateral knee strain. Treatment and diagnostic to date has included physical therapy, chiropractic treatments, a lumbar x-ray showing lateral listhesis of L4-L5, loss of disc height at L5-S1 and foraminal narrowing and NSAIDs. December 15, 2014 agreed medical evaluation noted no neurologic deficit of the lower extremities on clinical examination. As of the PR2 dated 2/17/15, the injured worker reports lower back pain that radiates to the right leg and heel. He rates his pain a 5/10. Objective findings include a positive straight leg raise test and increased pain with extension. The treating physician requested a lumbar MRI and an EMG/NCV of the lower extremities.

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.

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

Decision rationale: According to ACOEM guidelines, imaging of the low back should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Red flags consist of fracture, tumor, infection, cauda equina syndrome/saddle anesthesia, progressive neurologic deficit, dissecting abdominal aortic aneurysm, renal colic, retrocecal appendix, pelvic inflammatory disease, and urinary tract infection with corresponding medical history and examination findings. In this case, the medical records do not establish positive physical examination findings to support concern for radiculopathy stemming from the lumbar spine. In the absence of red flags or positive neurologic deficits, the request for advanced imaging studies is not supported. Therefore the request is not medically necessary.

EMG/NCV of both 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.

Decision rationale: According to ACOEM guidelines, unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. In this case, there is no evidence of clinical findings on examination which would cause concern for radiculopathy stemming from the lumbar spine or a peripheral neuropathy in the lower extremities. The request for EMG/NCV of both lower extremities is not medically necessary or appropriate.