

<b>Case Number:</b>	CM14-0123426		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	04/25/2012
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 male whose date of industrial injury was April 25, 2012. He was seen by the primary treating provider, an orthopedic surgeon, in February, March, April, May, July and September 2014. These records were reviewed. He has low back pain. This radiates into the bilateral buttocks, thighs, legs and feet. He has bilateral knee pain. This is accompanied by a sensation of giving way. On examination, straight leg raising test is positive bilaterally at 70 degrees and the character of the described pain is electric or lancinating. There are also paresthesias in both lower extremities. On examination of the knees, there is tenderness, painful range of motion, medial joint line tenderness, negative Lachman's, negative anterior and posterior drawer tests and no medial or lateral joint instability. The patient had an MRI of the lumbar spine in 2012 and this showed herniation of 3 mm at L4-L5 without radiculopathy. The patient also had an Agreed Medical Examination wherein he was recommended to have EMG/NCV bilaterally in lower extremities. An updated MRI of the lumbar spine was also requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic Resonance Imaging (MRI) lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss

Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com;Section:Low Back-Lumbar & Thoracic (Acute & Chronic) (updated 07/03/2014)

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

**Decision rationale:** The threshold for performance of MRI of the low back according to the guidelines is when there is "unequivocal" evidence of radiculopathy / neural compromise in the setting of low back pain despite conservative therapy AND if the patient is a candidate for and willing to undergo, surgery. The examinations submitted by the physician do not have motor, sensory and reflex examinations of the lower extremities. Further, the symptoms on either side are mirror images of each other! Is this an oversight in documentation, since it would be highly unlikely to occur naturally. Straight leg raising test, in isolation, has a specificity of approximately 30% and can not be used to make a diagnosis of radiculopathy. In addition, the patient had an MRI of the lumbar spine in 2012 and it is not indicated that there has been a significant change of clinical findings or onset of new findings. If anything, the clinical records provided indicate that the patient is "symptomatic as before" and "neurological examination has not changed". Finally, the provider has not documented that a discussion was had with the patient about surgery and whether the patient would be willing to undergo what is decidedly a major intervention with a significant risk of complications. Therefore, the request for an MRI of the lumbar spine is not medically necessary or appropriate.

**Magnetic Resonance Imaging (MRI) left knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation California Code of Regulations, Title 8. Effective July 18, 2009 and Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Knee & Leg (updated 06/05/2014)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, MRI

**Decision rationale:** The patient has complaints consistent with internal derangement of the knees, including giving way and swelling intermittently and tenderness along the medial joint line. No provocative maneuver is provided however. Nonetheless, since internal derangement is suspected, an MRI of the knee would be considered reasonable and is consistent with applicable guidelines. Therefore, the request for an MRI of the left knee is medically necessary and appropriate.

**Magnetic Resonance Imaging (MRI) right knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation California Code of Regulations, Title 8. Effective July 18, 2009 and Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Knee & Leg (updated 06/05/2014)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, MRI

**Decision rationale:** The patient has complaints consistent with internal derangement of the knees, including giving way and swelling intermittently and tenderness along the medial joint line. No provocative maneuver is provided however. Nonetheless, since internal derangement is suspected, an MRI of the knee would be considered reasonable and is consistent with applicable guidelines. Therefore, the request for an MRI of the right knee is medically necessary and appropriate.

**Electromyography (EMG) bilateral lower extremities (BLE):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation California Code of Regulations, Title 8. Effective July 18, 2009 and Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Low Back-Lumbar & Thoracic (Acute & Chronic) (updated 07/03/2014)

**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, EMG

**Decision rationale:** EMG is recommended when the neurological examination is unclear to establish or rule out radiculopathy. However, as indicated above, there is an incomplete examination of the lower extremities neurological apparatus. No specific clinical diagnosis is stated by the provider. Therefore, the request for bilateral lower extremity EMG would not be appropriate and is not recommended. Once an appropriate examination performed by a physician skilled in neurological examination is submitted and suggests an unclear examination, EMG may be appropriate as an option. Therefore, the request for an EMG of the BLE is not medically necessary or appropriate.

**Nerve Conduction Velocity (NCV) of bilateral lower extremities (BLE):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation California Code of Regulations, Title 8. Effective July 18, 2009 and Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Low Back-Lumbar & Thoracic (Acute & Chronic) (updated 07/03/2014)

**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, NCV

**Decision rationale:** NCV is typically required for diagnosis of peripheral nerve lesions. The provider has not stated that clinical symptoms and examination have led him to suspect a peripheral nerve lesion. Both EMG and NCV are NOT required for the diagnosis of radiculopathy in most circumstances. Therefore, the request for an NCV of the BLE is not medically necessary or appropriate.

**Electrodiagnostic medicine consult: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation California Code of Regulations, Title 8. Effective July 18, 2009 and Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; [www.odg-twc.com](http://www.odg-twc.com); Section: Low Back-Lumbar & Thoracic (Acute & Chronic) (updated 07/03/2014)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Office Visits

**Decision rationale:** An electrodiagnostic consult would be appropriate if EMG or NCV was appropriate. However, first the patient needs to have an appropriate neurological examination of the lower extremities performed by a skilled and appropriately trained neurological provider. Without that information, requesting a battery of tests or consultations is inappropriate, regardless of the fact that these were recommended by an AME. It is a basic precept of medicine that an appropriate and thorough clinical history and examination should lead to a clinical diagnosis which is then ruled out or in with a study that has appropriate positive and negative predictive values in the population under study. Therefore, the request for electrodiagnostic medicine consult is not medically necessary or appropriate.