

Case Number:	CM14-0125830		
Date Assigned:	08/13/2014	Date of Injury:	11/15/2013
Decision Date:	10/21/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/08/2014

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 Family 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:

This 31-year old sales agent reported low back, bilateral wrist and bilateral elbow injuries due to repetitive typing and lifting boxes at work, date of injury 11/15/13. A doctor's first report dated 7/7/14 states that the patient has low back pain running to legs, and numbness in both hands. Diagnoses include lumbosacral strain, lumbosacral radiculopathy, bilateral cubital tunnel syndrome and bilateral wrist tendonitis. No physical exam is documented. The plan includes 12 visits of physical therapy and a lumbosacral MRI. Norco, Anaprox and Protonix were apparently dispensed at the visit. The patient was given work limitations. There is a second undated first report in the records, which appears to have a different signature. It is largely eligible, but does document physical findings: "+/-straight leg raise, decreased range of motion of LS spine, hip exam negative". There is no other documented physical exam of the low back by a physician in the available records. Electrodiagnostic studies performed 2/5/14 revealed normal nerve conduction findings, normal EMG findings, normal F waves, and bilateral absent tibial H-reflex responses. Recommendations by the performing physician included follow up with referring physician, consider repeating studies in 3-6 months if symptoms have not resolved, and "suggest MRI of lumbar/cervical spine for anatomic correlation of patient's symptoms and examination findings". There are several notes from physical therapists and acupuncturists in the available records. Besides the above-mentioned first report, there are no further notes from the physician requesting the MRI. There is no documentation in the records of a complete physical exam which includes the back and lower extremities. There is no documentation of any exam that includes lower extremity deep tendon reflexes. There is no documentation as to why the lumbosacral MRI was requested. It is unclear if the requesting physician is aware of the 2/5/14 electrodiagnostic studies, since there is no comment from him about them in the records. It is

unclear whether or not the patient has improved, and whether or not the possibility of back surgery has been discussed with her.

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter (updated 07/03/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, Chronic Pain Treatment Guidelines Page(s): 10. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Up-to-Date, an on-line evidence-based review service for clinicians, (www.uptodate.com), Nerve conduction studies: Late Responses.

Decision rationale: Per the ACOEM Guideline cited above, unequivocal findings of specific nerve root compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. When the neurological examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Per the Chronic Pain guideline, when a patient is diagnosed with chronic pain and the treatment for the condition is covered in the clinical topics sections but is not addressed in the chronic pain guidelines, the clinical topics section applies to the treatment. Per the Up-to-Date reference, the H reflex is most commonly used to assess the S1 nerve root in suspected radiculopathies and proximal conduction in polyneuropathies. Unilateral absence of the H reflex or side-to-side differences support a focal nerve lesion on the affected side, most commonly at the S1 root, but also at the sacral plexus or sciatic nerve. The H reflex can also be used to study central nervous system function. The clinical documentation in this case does not support the performance of a lumbosacral MRI. There is no documentation as to the reason for ordering it, no documentation of physical findings even suggestive of radiculopathy, and no documentation of a discussion with the patient about possible surgery. It is unclear why a lumbar MRI would have been requested if the physician who performed the neurodiagnostic studies suggested the performance of either a cervical or a lumbar MRI. The neurodiagnostic studies themselves are not clearly indicative of S1 radiculopathy, since the findings are equal bilaterally. H reflex testing is approximately equivalent to ankle reflex testing, and no-one appears to have checked the patient's ankle reflexes. Based on the evidence-based references above and the clinical findings in this case, a lumbar MRI is not medically necessary because there is no clear reason documented for ordering it, and because it is not clear that the patient would consider surgery as an option.