

Case Number:	CM14-0131542		
Date Assigned:	08/20/2014	Date of Injury:	05/07/2014
Decision Date:	09/25/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/18/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 58-year-old female with a 5/7/14 date of injury. At the time (7/7/14) of request for authorization for MRI of lumbar, EMG BLE, NCV BLE, and Podiatry Consultation, there is documentation of subjective (low back pain) and objective (decreased lumbar spine range of motion with pain, tenderness over the lumbar paravertebral muscles, positive left straight leg raising test, and positive Kemp's maneuver) findings, current diagnoses (lumbar muscle spasm, lumbar pain, lumbar radiculopathy, lumbar sprain/strain, and rule out lumbar disc protrusion), and treatment to date (medications and chiropractic therapy). Medical reports identifies that the follow-up request is for custom orthotics to correct altered biomechanics. Regarding MRI of lumbar spine, there is no documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, and who are considered for surgery. Regarding EMG BLE, there is no documentation of focal neurologic dysfunction with low back symptoms lasting more than three to four weeks. Regarding NCV BLE, there is no documentation of focal neurologic dysfunction with low back symptoms lasting more than three to four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF LUMBAR: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304 Table 12-8.

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of MRI. Within the medical information available for review, there is documentation of diagnoses of lumbar muscle spasm, lumbar pain, lumbar radiculopathy, lumbar sprain/strain, and rule out lumbar disc protrusion. In addition, there is documentation of failure of conservative treatment (medications and chiropractic treatment). However, there is no documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, and who are considered for surgery. Therefore, based on guidelines and a review of the evidence, the request for MRI of lumbar is not medically necessary.

EMG BLE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Electrodiagnostic studies.

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, ODG identifies that EMG is useful in cases where clinical findings are unclear, there is a discrepancy in imaging, or to identify other etiologies of symptoms.. Within the medical information available for review, there is documentation of diagnoses of lumbar muscle spasm, lumbar pain, lumbar radiculopathy, lumbar sprain/strain, and rule out lumbar disc protrusion. In addition, there is documentation of conservative treatment (medications and chiropractic treatment). However, despite documentation of subjective (low back pain) and objective (decreased lumbar spine range of motion with pain, tenderness over the lumbar paravertebral muscles, positive left straight leg raising test, and positive Kemp's maneuver) findings, there is no documentation of focal neurologic dysfunction with low back symptoms lasting more than three to four weeks. In addition, given documentation of an associated request for MRI lumbar spine, there is no documentation that the etiology of the radicular symptoms is not explained by MRI or other diagnostic studies. Therefore, based on guidelines and a review of the evidence, the request for EMG BLE is not medically necessary.

NCV BLE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Electrodiagnostic studies.

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, ODG does not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Furthermore, ODG identifies that EMG is useful in cases where clinical findings are unclear, there is a discrepancy in imaging, or to identify other etiologies of symptoms. Within the medical information available for review, there is documentation of diagnoses of lumbar muscle spasm, lumbar pain, lumbar radiculopathy, lumbar sprain/strain, and rule out lumbar disc protrusion. In addition, there is documentation of conservative treatment (medications and chiropractic treatment). However, despite documentation of subjective (low back pain) and objective (decreased lumbar spine range of motion with pain, tenderness over the lumbar paravertebral muscles, positive left straight leg raising test, and positive Kemp's maneuver) findings, there is no documentation of focal neurologic dysfunction with low back symptoms lasting more than three to four weeks. In addition, given documentation of an associated request for MRI lumbar spine, there is no documentation that the etiology of the radicular symptoms is not explained by MRI or other diagnostic studies. Therefore, based on guidelines and a review of the evidence, the request for NCV BLE is not medically necessary.

Podiatry Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office visits American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 127.

Decision rationale: MTUS reference to ACOEM guidelines state that the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. ODG identifies that office visits are based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Within the medical

information available for review, there is documentation of diagnoses of lumbar muscle spasm, lumbar pain, lumbar radiculopathy, lumbar sprain/strain, and rule out lumbar disc protrusion. In addition, given documentation that the follow-up request is for custom orthotics to correct altered biomechanics, there is documentation of a rationale identifying the medical necessity of the requested follow-up. Therefore, based on guidelines and a review of the evidence, the request for Podiatry Consultation is medically necessary.