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| Case Number: | CM14-0147024 | | |
| Date Assigned: | 09/15/2014 | Date of Injury: | 02/11/2013 |
| Decision Date: | 10/16/2014 | UR Denial Date: | 09/04/2014 |
| Priority: | Standard | Application Received: | 09/10/2014 |

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 Emergency Medicine and is licensed to practice in Texas. 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 32-year-old female who reported an injury on 02/11/2013, due to an unknown mechanism. Diagnosis was chronic left L5 and S1 radiculopathy. Past treatments were physical therapy, aquatherapy, epidural steroid injections, and facet blocks. Diagnostic studies were an EMG of the lower limbs that was performed on 12/18/2013 that revealed decreased CMAP amplitudes on left peroneal and tibial motor studies. The left tibial CMAP amplitudes were decreased by approximately 50% compared to the right, which was significant. The needle EMG portion of the exam revealed 1+ positive sharp waves in the medial gastrocnemius. Physical examination on 05/25/2014 revealed complaints of chronic low back pain that radiated down the left leg. There was associated numbness and tingling to the left gluteal region, as well as the posterior and lateral thigh. The injured worker previously underwent left sided lumbar facet injections, which were reported as not effective. It was also reported that the injured worker had a left L5 and S1 transforaminal epidural steroid injection, which was reported to have reduced the low back pain by 80%. Examination of the lumbar spine revealed tenderness to palpation to the left lumbar paraspinal muscles. There was decreased range of motion in the lumbar spine. Sensation was intact to pinprick of the lower limbs. Straight leg raise was positive on the left. Medications were Butrans. Treatment plan was for a pelvis neurogram. The rationale was not submitted. The Request for Authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pelvic Neurogram per 08/27/14 form QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MR Neurography

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, MR Neurography

Decision rationale: The decision for pelvis neurogram per 08/27/2014 form, quantity 1, is not medically necessary. The Official Disability Guidelines state for MR neurography, it is under study. MR neurography may be useful in isolating diagnoses that do not lend themselves to back surgery, such as sciatica caused by piriformis syndrome in the hip. The rationale for this request was not submitted. There was no objective clinical documentation to support this pelvic neurogram request. There were no other significant factors provided to justify the use outside of current guidelines. Therefore, this request is not medically necessary.