MAXIMUS Federal Services

Case Number:	CM14-0148422		
Date Assigned:	09/18/2014	Date of Injury:	01/24/2012
Decision Date:	11/21/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/12/2014

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 Physical Medicine & Rehabilitation 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 45 year-old patient sustained an injury on 1/24/12 while employed by [redacted]. Request(s) under consideration include MRI of Lumbar Spine and EMG/NCV Bilateral Lower Extremities. Diagnoses include lumbar disc disease/ radiculopathy/ facet syndrome; bilateral SI joint arthropathy; s/p left shoulder arthroscopy with SAD, Mumford procedure and labral debridement on 8/7/13. Conservative care has included medications, therapy, chiropractic treatment, TENS unit, cortisone shoulder injections, shockwave therapy, lumbar epidural steroid injections x2, facet blocks, and modified activities/rest. There was recent EMG/NCS of the upper extremities dated 1/14/14 documenting findings of mild bilateral carpal tunnel syndrome; EMG/NCS of the lower extremities dated 1/14/14 showed no evidence of peripheral neuropathy or radiculopathy. Medications list Naproxen, Gabapentin, Flexeril, Prilosec, and Norco. Reports of 8/11/14 and 9/2/14 from the provider noted the patient with no improvement from right shoulder shockwave therapy; still with chronic ongoing pain and discomfort with numbness in the left upper extremity; low back pain with numbness and tingling in bilateral lower extremity rated at 7-8/10 down to 3-4/10 with medications. Exam of the left shoulder showed limited range with flex/ext/abd/IR/ER of 160/42/32/76/72 degrees; tenderness at trapezius and subacromial with positive impingement; lumbar spine with spasm, diffuse tenderness at paravertebral muscles, facets, SI joint, gluteus; limited range in all planes of flex/ext and lateral bending of 42/12/18 degrees; DTRs 2+; 5/5 motor strength in bilateral lower extremities with DTRs 2+. Treatment included medication refills, diagnostics, and Lindora weight loss program. The patient remained TTD status. The request(s) for MRI of Lumbar Spine and EMG/NCV Bilateral Lower Extremities were non-certified on 8/20/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of 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), MRI's (Magnetic Resonance Imaging)

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

Decision rationale: ACOEM Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure, not demonstrated here. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports for this chronic injury have not adequately demonstrated the indication for repeating the MRI of the Lumbar spine prior nor document any specific changed clinical findings or neurological deficits of red-flag conditions to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of Lumbar Spine is not medically necessary and appropriate.

EMG/NCV Bileteral Lower Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), EMG's (Electromyography), and Low Back, nerve Conduction Studies (NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: Per Guidelines, NCS is not recommended as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy s/p multiple LESIs. Additionally, guidelines states Electrodiagnostic studies to include needle EMG is recommended where a CT or MRI is equivocal and there are ongoing pain complaints that raise questions about whether there may be a neurological compromise that may be identifiable (i.e., leg symptoms consistent with radiculopathy, spinal stenosis, peripheral neuropathy, etc.). However, the patient already had an MRI of the lumbar spine showing disc disorders. Also, the clinical exam does not demonstrate any neurological myotomal or dermatome deficits with intact DTRs, sensation, 5/5 motor strength. Additionally, the patient has unchanged symptoms and clinical findings without acute flare-up or new injuries

to support repeating a study recently performed few months prior with normal impression. The EMG/NCV Bilateral Lower Extremities is not medically necessary and appropriate.