

Case Number:	CM14-0148997		
Date Assigned:	09/18/2014	Date of Injury:	10/01/1985
Decision Date:	11/10/2014	UR Denial Date:	08/28/2014
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:

The injured worker is a 67-year-old male who reported an injury on 10/01/1985. The mechanism of injury was not provided. On 08/22/2014, the injured worker presented with increased low back pain. The diagnoses were lumbar disc disorder and thoracic disc disorder. Much of this note is handwritten and largely illegible. Upon examination, there was tenderness noted to the lumbar spine. Prior treatments included trigger point injections and medications. The physician recommended an MRI of the lumbar spine, an MRI of the thoracic spine, and an EMG of the bilateral lower extremities. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305..

Decision rationale: The California MTUS/ACOEM Guidelines state that unequivocal objective findings identifying specific nerve compromise on the neurologic exam are sufficient evidence to

warrant imaging studies in injured workers who do not respond to treatment. However, it is also stated that when the neurologic exam is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering and imaging study. The documentation failed to show evidence of significant neurologic deficits on physical examination. Additionally, the documentation failed to show the injured worker has tried and failed an adequate course of conservative treatment. In the absence of documentation showing the failure of initially recommended conservative care, including active therapies and neurologic deficits on physical examination, an MRI is not supported by the referenced guidelines. As such, medical necessity has not been established. The request for an MRI of the Lumbar Spine is not medically necessary.

MRI of the Thoracic Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179..

Decision rationale: The California MTUS/ACOEM Guidelines state that unequivocal objective findings identifying specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging studies in injured workers who do not respond to treatment. However, it is also stated that when the neurologic exam is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering and imaging study. The documentation failed to show evidence of significant neurologic deficits on physical examination. Additionally, the documentation failed to show the injured worker has tried and failed an adequate course of conservative treatment. In the absence of documentation showing the failure of initially recommended conservative care, including active therapies and neurologic deficits on physical examination, an MRI is not supported by the referenced guidelines. As such, medical necessity has not been established. The request for an MRI of the Thoracic Spine is not medically necessary.

EMG of the Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 363,Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305..

Decision rationale: The California MTUS/ACOEM Guidelines state that electromyography may be useful to identify subtle focal neurologic dysfunction in injured workers with low back symptoms lasting more than 3 to 4 weeks. There is a lack of neurological deficits pertaining to the lumbar spine documented. The clinical note revealed low back pain. However, there is no evidence of a positive straight leg raise, or sensation, motor strength, or reflex deficits. There is no indication of failure of conservative treatment to include physical therapy and medications.

As such, medical necessity has not been established. The request for an EMG of the Bilateral Lower Extremities is not medically necessary.