

Case Number:	CM14-0181053		
Date Assigned:	11/05/2014	Date of Injury:	06/24/2011
Decision Date:	12/09/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/31/2014

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 Internal 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:

The patient is a male with a date of injury of 6/24/11. He had a QME evaluation on 8/25/14, and the patient was noted to have pain in the cervical spine and low back. He also suffers from anxiety and depression. His physical exam demonstrated a straight leg raising test to be positive bilaterally. During the treatment period he had a left shoulder MRI, right shoulder MRI, cervical spine and lumbar spine MRIs. His diagnoses were cervical spine strain, disc protrusion at C2-3 through C5-6, disc extrusion at L4-5 and L5-S1 and psychological sequelae of his injury. The provider stated that the patient was still permanent and stationary, or had reached maximal medical improvement and work restrictions had been implemented. However, he recommended updating the MRI to assess for progression of the discopathy. He also recommended an EMG in order to rule out radiculopathy. However, Utilization Review denied these requests.

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 Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines: Magnetic resonance imaging

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289, 290, 303, 304.

Decision rationale: The ACOEM states that in the absence of "red flag" warning symptoms imaging and further testing are usually not helpful in the first 4 to 6 weeks of presentation of acute lumbar pain. Indiscriminate use of MRI exams often results in false positive findings such as disc bulges which do not cause symptoms or warrant surgical consideration. Symptoms which point toward fracture, tumor, infection, the cauda equina syndrome, or progressive neurological deficit; would be considered to be "red flag warnings". Unequivocal objective findings demonstrating nerve compromise on exam and where surgery would be considered as a therapeutic option is sufficient evidence to image patients with an MRI or other radiological exams if conservative treatment has failed. MRI scanning is utilized when neural or soft tissue pathology is suspected and CT scan is often utilized when bony structures are suspected to be the problem. Also MRI studies may be utilized in order to help in diagnosis of problems that do not need surgery such as sciatica caused by the piriformis syndrome in the hip. MRI imaging is especially useful in the diagnosis of disc protrusion, cauda equine syndrome, spinal stenosis, and post laminectomy syndrome. The QME M.D. does not identify any new symptoms or signs which would cause a change from the pathology revealed in the 2012 lumbar MRI. Also, there are no "red flag" symptoms discussed. The patient is also considered permanent and stationary and surgery is not being contemplated. Therefore, an MRI is not indicated at this time. Therefore, this request is not medically necessary.

EMG/NCS of the 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, Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 261, 303, 304.

Decision rationale: The MTUS states that electromyography (EMG) may be helpful in identifying subtle, focal neurological dysfunction in patients with lumbar pain after more than 3 to 4 weeks of conservative treatment. It also states that it is useful in diagnosing disc protrusion and 1+ in the diagnosis of cauda equina, spinal stenosis, or post laminectomy syndrome. The MTUS also states that nerve conduction studies (NCS) or EMG may be appropriate in helping to differentiate between carpal tunnel syndrome and other conditions such as cervical radiculopathy. The above patient has already been declared permanent and stationary, or having achieved maximal improvement from his injury. Also, there is no discussion of the need to pursue further treatment or of the presentation of new symptoms that would differ from the symptoms prompting the lumbar MRI in 2012. Any significant radiculopathy would have been diagnosed by the 2012 MRI. Therefore, this request is not medically necessary.