

Case Number:	CM14-0181254		
Date Assigned:	11/06/2014	Date of Injury:	09/29/2008
Decision Date:	12/16/2014	UR Denial Date:	10/10/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 46 year old with an injury date on 9/29/08. Patient complains of low lumbar pain radiating into right lower extremity down to the toes, with tingling/weakness in his right leg, overall pain rated 9-10/10 per 9/10/14 report. Patient denies pain in his left lower extremity, and uses a single point cane for stability per 9/10/14 report. Based on the 9/10/14 progress report provided by the treating physician, the diagnosis is failed low back surgery syndrome. Exam on 9/10/14 showed "limited range of motion of L-spine with decreased flexion/extension. Straight leg raise is negative bilaterally." Patient's treatment history shows conservative care: physical therapy including aquatic therapy (which didn't help), medications (Tylenol, Naproxen, Cyclobenzaprine) and L5-S1 fusion surgery from 2009 with hardware removal 2013. The treating physician is requesting MRI (magnetic resonance imagery) of the lumbar spine and EMG (electromyography)/NCV (nerve conduction velocity) of the bilateral lower extremities. The utilization review determination being challenged is dated 10/10/14. The treating physician provided a single treatment report from 9/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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 chapter, Protocols

Decision rationale: This patient presents with lower back pain, right lower extremity pain. The treater has asked for MRI (magnetic resonance imagery) of the lumbar spine on 9/10/14. Review of the reports does not show any evidence of lumbar MRIs being done in the past. ACOEM guidelines state: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery." For uncomplicated low-back pain MRI's, ODG guidelines require documentation of radiculopathy, not responding to conservative care, prior surgery or cauda equina. In this case, the review of the reports does not show that there is evidence of an MRI following the patient's back surgery. The treater does not mention it, other reports do not reference and no prior MRI report was included. Given the patient's persistent radicular symptoms, with prior back surgery, an MRI of L-spine appears reasonable and consistent with ODG.

EMG (electromyography)/NCV (nerve conduction velocity) of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 303; 366-367.

Decision rationale: This patient presents with lower back pain, right lower extremity pain. The treater has asked for EMG (electromyography)/NCV (nerve conduction velocity) of the bilateral lower extremities on 9/10/14. Review of the reports does not show any evidence of EMG/NCV being done in the past. Regarding electrodiagnostic studies of lower extremities, ACOEM page 303 supports EMG and H-reflex tests to determine subtle, focal neurologic deficit. Regarding NCV for lower extremities, ODG does not support such studies for symptoms that are presumed to be radicular in nature. In this case, the treater has asked for EMG lower extremities, which is reasonable considering persistent radicular symptoms. However, ODG does not recommend NCV studies of the lower extremities for symptoms presumed to be radicular. The requesting progress report does not mention any concerns for peripheral neuropathy.