

Case Number:	CM14-0182155		
Date Assigned:	11/07/2014	Date of Injury:	02/12/2002
Decision Date:	12/15/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/03/2014

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 53-year-old female with a date of injury of 02/12/2002. The listed diagnoses are: 1. Sprain/strain of lumbar region. 2. Sprain/strain of thoracic region. 3. Sprain/strain of neck. According to progress report 09/17/2014, the patient presents with continued neck, midback, and low back pain that radiates into the upper and lower extremity with numbness and weakness. Examination revealed spasm, tenderness, and guarding noted in the paravertebral musculature of the cervical and lumbar spine with decreased range of motion. There is decreased sensation noted over the C6 and L5 dermatomes bilaterally with pain. The patient ambulates with an antalgic gait and has significant weakness with toe and heel walking bilaterally. MRI of the lumbar spine from 02/11/2010 revealed L3-L4 mild to moderate left neuroforaminal narrowing and moderate canal stenosis secondary to a 3- to 4-mm posterior disk bulge with facet joint hypertrophy, L4-L5 mild right and moderate to severe left neuroforaminal narrowing and severe canal stenosis secondary to 4- to 5-mm posterior disk bulge, L5-S1 mild right neuroforaminal narrowing and mild canal stenosis secondary to 2-mm disk bulge. The physician is requesting an MRI of the lumbar spine and NCV/EMG of the bilateral lower extremities. Utilization review denied the request on 10/14/2014. Treatment reports from 01/30/2014 through 09/17/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 MRI of the lumbar spine without contrast.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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, MRI

Decision rationale: For special diagnostics, ACOEM Guidelines page 303 states unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." For this patient's now chronic condition with radicular symptoms and weakness, ODG guidelines provide a good discussion. ODG under its low back chapter recommends obtaining an MRI for uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. Medical file provided for review indicates the patient underwent an MRI of the lumbar spine in 2010 which revealed mild to moderate neuroforaminal narrowing with moderate canal stenosis measuring 2 to 3 mm. In this case, there are no new injuries, no significant changes in examination, no bowel/bladder symptoms, or new location of symptoms that would require additional investigation. The requested repeat MRI of the lumbar spine is not medically necessary.

Prospective request for 1 NCV/EMG of bilateral lower extremities.: Overturned

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 (ODG)

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, Electrodiagnostic Studies

Decision rationale: This patient presents with neck, midback, and low back pain with radiation of upper and lower extremities. This is a retrospective request for 1 NCV/EMG of the bilateral lower extremities." ACOEM Guidelines page 303 allows for EMG studies with H-reflex test to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. ODG guidelines have the following regarding EMG studies, EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. In this case, the patient did not have an electromyography/nerve conduction study prior to this. The medical file provided for review does not indicate that the patient has had an NCV/EMG in the past. In this case, it appears the physician is requesting Prospective request for 1 NCV/EMG of bilateral lower extremities is medically necessary.

