

Case Number:	CM14-0183835		
Date Assigned:	11/10/2014	Date of Injury:	10/06/2012
Decision Date:	12/15/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/04/2014

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 Pain 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:

This is a patient with a date of injury of 10/6/12. A utilization review determination dated 10/8/14 recommends non-certification of lumbar spine MRI, EMG/NCV BLE (bilateral lower extremities), consult for lumbar ESI (epidural steroid injection), and left knee MRI. It was noted that the provider had not seen the patient for 10 months. An 8/15/14 medical report identifies increasing left knee and lumbar spine pain into the lower extremities. There is also right knee pain, neck pain radiating into the extremities with "associated headaches that are migrainous in nature as well as tension between the shoulder blades," and bilateral wrist pain associated with numbness and tingling. On exam, there is tenderness, spasm, positive axial loading compression test, positive Spurling's maneuver, positive palmar compression test, Phalen's, and Tinel's over the carpal canal, diminished sensation in the radial digits, positive seated root test, tingling and numbness corresponding to an L5-S1 dermatomal pattern, and 4/5 strength in the EHL and ankle plantar flexors, L5 and S1 innervated muscles. There is a positive McMurray's. The left knee was injected with a corticosteroid. Recommendations included lumbar spine MRI, left knee MRI, EMG/NCV BLE, and pain management referral for consideration for lumbar ESI. Previous medical reports identify similar symptoms and findings. The 1/22/13 EMG/NCV LLE noted no evidence of left lumbar radiculopathy. There were findings suggestive of an axonal polyneuropathy as seen in diabetes mellitus and other conditions.

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: Overturned

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): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRIs (magnetic resonance imaging)

Decision rationale: Regarding the request for lumbar MRI, CA MTUS and ACOEM state that 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 would consider surgery an option. ODG states that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). Within the documentation available for review, the patient has a longstanding injury and it appears that prior diagnostic testing has been utilized, although there is no documentation of prior MRI. As the patient has persistent symptoms and findings suggestive of radiculopathy and no indication of prior MRI testing, the request appears to be appropriate. In light of the above, the currently requested lumbar MRI is medically necessary.

Bilateral Lower Extremity NCV/EMG: 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, Electrodiagnostic Studies

Decision rationale: Regarding the request for EMG/NCV of the lower extremities, CA MTUS and ACOEM state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, there is a pending lumbar spine MRI, the results of which may obviate the need for additional testing with electrodiagnostics. Additionally, there is no indication of peripheral neuropathy other than that already identified on prior testing to support the need for the NCV component of the testing. In light of the above issues, the currently requested EMG/NCV of the lower extremities is not medically necessary.

Consultation for lumbar spine epidural injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26, Epidural steroid injections (ESIs) Page(s): 46 and 127.

Decision rationale: Regarding the request for consultation for lumbar epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Within the documentation available for review, there is no imaging or electrodiagnostic evidence of radiculopathy and a lumbar spine MRI is pending. Therefore, consultation for lumbar ESI would be premature prior to the performance of the MRI. In light of the above issues, the currently requested consultation for lumbar epidural steroid injection is not medically necessary.

MRI of the Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

Decision rationale: Regarding the request for MRI left knee, CA MTUS and ACOEM note that, in absence of red flags (such as fracture/dislocation, infection, or neurologic/vascular compromise), diagnostic testing is not generally helpful in the first 4-6 weeks. After 4-6 weeks, if there is the presence of locking, catching, or objective evidence of ligament injury on physical exam, MRI is recommended. Within the medical information made available for review, there is no documentation of locking, catching, or objective evidence of ligament injury on physical exam. In light of the above, the currently requested MRI left knee is not medically necessary.