Case Number:	CM14-0183920		
Date Assigned:	11/10/2014	**Date of Injury:**	07/09/2007
Decision Date:	12/15/2014	**UR Denial Date:**	10/02/2014
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 Occupational 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:

There were 71 pages provided for this review. There was an application for independent medical review from October 30, 2014. It was for an MRI of the lumbar spine, neurologic consultation and lower extremity electrodiagnostics EMG - NCS. There was a Network Medical Review provided from October 2, 2014. The injured worker had an injury back in the year 2007. There was no description of the mechanism of injury. There was neck upper extremity and low back pain. There was an MRI of the lumbar spine done in April 2013 showing a disc protrusion at L4-L5 and L5-S1. The Qualified Medical Examiner on August 6, 2013 yielded a diagnosis of chronic low back pain. As of September 24, 2014, the claimant noted a corset helps. There was diffuse tenderness in the thighs, sacrum, and coccyx, greater trochanteric, along the spines, interspinous ligament, paraspinals and sacroiliac joints. Range of motion of the lumbar spine was noted that the injured worker could flex and extension was 5 and right left lateral foot flexion was 10 each. All movements were painful. Sensation was intact in the left lower extremity and there was minimally reduced sensation in the L2-S1 distribution on the right lower extremity. There is normal muscle bulk and tone and the strength was five out of five. There was conflicting right lower extremity versus bilateral descriptions. The deep tendon reflexes were symmetric and equal. X-ray showed degenerative scoliosis. The injured worker had a previous MRI as well as previous electrodiagnostic studies of the upper extremities. There was no significant documentation of neurologic deterioration from the time of the last MRI. The clinic reports minimal reduced sensation L2-S1 to the right lower extremity 'bilaterally'. Given this erroneous description of the neurologic examination, there is no documented subtle focal neurologic deficit to warrant EMG and nerve conduction studies; the deficits appear non-equivocal. Given what may have been a typographical error/word addition of 'bilateral', there are no clear, well-defined neurologic deficits of the specialist assessment would not be essential to care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Magnetic Resonance Imaging (MRI)

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, Magnetic Resonance Imaging (MRI)

Decision rationale: Under MTUS/ACOEM, although there is subjective information presented in regarding increasing pain, there are little accompanying physical signs. Even if the signs are of an equivocal nature, the MTUS note that electrodiagnostic confirmation generally comes first. They note '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.' The guides warn that indiscriminate imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. I did not find electrodiagnostic studies. It can be said that ACOEM is intended for more acute injuries; therefore other evidence-based guides were also examined.The ODG guidelines note, in the Low Back Procedures section:- Lumbar spine trauma: trauma, neurological deficit- Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit)- Uncomplicated low back pain, suspicion of cancer, infection- Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. (For unequivocal evidence of radiculopathy, see AMA Guides, 5th Edition, page 382-383.) - Uncomplicated low back pain, prior lumbar surgery- Uncomplicated low back pain, cauda equina syndromeThese criteria are also not met in this case; based on the MTUS and other evidence-based criteria, the request is not medically necessary.

Lower Extremity Electrodiagnostics Electromyography/Nerve Conduction Study (EMG/NCS): 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.

Decision rationale: The MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should

be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal signs that might warrant clarification with electrodiagnostic testing. Further, the language said symptoms were 'bilateral' but also 'right sided' so we are not sure what is truly present. There is lack of clarity on why the studies are needed. The request is not medically necessary.

Neuro Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127

Decision rationale: ACOEM Guidelines, Chapter 7, Page 127, state that the occupational health practitioner may "refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient."As we are unclear as to the neurologic findings as presented in the records, the need for a neurologic specialist cannot be established. This request for the consult fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. At present, the request is not medically necessary.