

Case Number:	CM13-0051001		
Date Assigned:	12/27/2013	Date of Injury:	07/15/2010
Decision Date:	02/05/2015	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/13/2013

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 Rehab, 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 48 year old female with an injury date of 07/15/10. Based on the 09/04/13 progress report provided by treating physician, the patient complains of severe back and leg pain. Physical examination to the lumbar spine revealed spasm, guarding and tenderness to palpation to the lumbar paraspinal muscle. Range of motion was decreased, especially on flexion 40 degrees. Positive straight leg raise test and decreased sensation about the L5 and L4 dermatomes on the left. Per progress report dated 07/10/13, patient has had Lumbar MRI's on 07/19/10, 04/20/11, and 07/19/12. EMG/NCS of the lower extremity was done on 06/20/12. Patient has had epidural injections and physical therapy. Per treater report dated 08/07/13, patient's medications include Diclofenac, Tramadol, and Hydrocodone. Treater states in progress report dated 09/04/13 that "this patient is going to require lumbar surgery, but her most recent diagnostic studies, the MRI scan and EMG/NCV studies, have yet to be authorized." The patient is permanent and stationary. MRI of the Lumbar Spine, per 08/15/12 orthopedic surgeon reference, per treater report dated 07/10/13- very small protrusion at the L4-L5 level- no neural element compression- essentially normal for age. Diagnosis 08/15/14- lumbosacral strain, with left lower extremity radiculopathy. Diagnosis 07/10/13, 08/07/13, 09/04/13- L4-5 disc protrusion with left lower extremity radiculopathy. The utilization review determination being challenged is dated 10/28/13. Treatment reports were provided from 05/22/13 - 09/04/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

AN MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, MRIs (magnetic resonance imaging).

Decision rationale: The patient presents with severe back and leg pain. The request is for AN MRI OF THE LUMBAR SPINE. Patient's diagnosis on 07/10/13, 08/07/13 and 09/04/13 was L4-5 disc protrusion with left lower extremity radiculopathy. Physical examination to the lumbar spine revealed spasm, guarding and tenderness to palpation to the lumbar paraspinal muscle. Range of motion was decreased, especially on flexion 40 degrees. Positive straight leg raise test and decreased sensation about the L5 and L4 dermatomes on the left. Patient has had epidural injections and physical therapy. Per treater report dated 08/07/13, patient's medications include Diclofenac, Tramadol, and Hydrocodone. The patient is permanent and stationary. ACOEM guidelines, Chapter 12, page 303 states: "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." For chronic pain, ODG guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine): "Indication for imaging for uncomplicated low back pain with radiculopathy recommends at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. MRI is also recommended if there is a prior lumbar surgery." Treater states in progress report dated 09/04/13 that "this patient is going to require lumbar surgery, but her most recent diagnostic studies, the MRI scan and EMG/NCV studies, have yet to be authorized." Per progress report dated 07/10/13, patient has had Lumbar MRI's on 07/19/10, 04/20/11, and 07/19/12. There is no progression of neurologic deficit such as weakness; no new injury; no red flags such as bowel/bladder symptoms; and no significant change in clinical presentation such as new symptoms to warrant a repeat or updated MRI. Furthermore, the MRI from 2012 does not show any surgical lesions showing only a small protrusion at L4-5. Surgical intervention discussed by the treater is unrealistic and an updated MRI for surgical planning would not be indicated. Therefore the request IS NOT medically necessary.

EMG/NCV OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with severe back and leg pain. The request is for EMG/NCV OF THE BILATERAL LOWER EXTREMITIES. Patient's diagnosis on 07/10/13, 08/07/13 and 09/04/13 was L4-5 disc protrusion with left lower extremity radiculopathy. Physical examination to the lumbar spine revealed spasm, guarding and tenderness to palpation to the lumbar paraspinal muscle. Range of motion was decreased, especially on flexion 40

degrees. Positive straight leg raise test and decreased sensation about the L5 and L4 dermatomes on the left. Patient has had epidural injections and physical therapy. Per treater report dated 08/07/13, patient's medications include Diclofenac, Tramadol, and Hydrocodone. The patient is permanent and stationary. For EMG, ACOEM Guidelines page 303 states "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." Patient continues with low back and leg pain. However, Prior EMG/NCV studies were from 2012 and there is no significant change in clinical presentation such as new symptoms to warrant a repeat or updated electrodiagnostic study. Therefore the request IS NOT medically necessary.