

Case Number:	CM14-0191141		
Date Assigned:	11/24/2014	Date of Injury:	09/22/2007
Decision Date:	01/16/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/17/2014

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 Family 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 74 year old male patient who sustained a work related injury on 9/22/2007. Patient sustained the injury when he was stepping off the rig. The current diagnoses include bilateral shoulder arthropathy, lumbar disc disease, bilateral knees arthropathy, bilateral feet-arthropathy. Per the doctor's note dated 10/09/14, patient has complaints of worsening of chronic low back and left leg pain at 5/10. Physical examination revealed antalgic gait on the left and no weakness. The current medication lists includes Gabapentin. The patient has had MRI of the right knee on 3/15/2010 that revealed posterior horn of the lateral meniscus. The patient has had 2 lumbar surgeries; right shoulder procedure and a left ankle procedure and left knee scope. The patient has received an unspecified number of the PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine with and Without Contrast: 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): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Workers' Comp., online Edition Chapter: Low Back (updated 11/21/14) MRIs (magnetic resonance imaging)

Decision rationale: Per the ACOEM low back guidelines cited below "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. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures)."Patient did not have any evidence of severe or progressive neurologic deficits that are specified in the records provided.Any finding indicating red flag pathologies were not specified in the records provided. The history or physical exam findings did not indicate pathology including cancer, infection, or other red flags.Patient has received an unspecified number of PT visits for this injury The records submitted contain no accompanying current PT evaluation for this patient.A detailed response to complete course of conservative therapy including PT visits was not specified in the records provided. Previous PT visit notes were not specified in the records provided.A plan for an invasive procedure of the lumbar spine was not specified in the records provided. A recent lumbar spine X-ray report is not specified in the records provided.The medical necessity of the MRI Lumbar Spine with and Without Contrast is not fully established for this patient.

Lumbosacral Spine Films Flexion and Extension Views: Overturned

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): 303-304.

Decision rationale: Per the ACOEM guidelines cited below, "Lumbar spine x rays may be appropriate when the physician believes it would aid in patient management."The current diagnoses include bilateral shoulder arthropathy, lumbar disc disease, bilateral knees arthropathy, bilateral feet-arthropathyPer the doctor's note dated 10/09/14, patient has complaints of worsening of chronic low back and left leg pain at 5/10Physical examination revealed antalgic gait on the left and no weakness.The patient has had 2 lumbar surgeries; right shoulder procedure and a left ankle procedure and left knee scope. Lumbar spine X-rays were requested to aid in patient management.Lumbosacral Spine Films Flexion and Extension Views were deemed medically appropriate and necessary.

EMG Lower Extremities: 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): 303-304.

Decision rationale: Per ACOEM chapter 12 guidelines, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." Per the ACOEM guidelines cited below, "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out..... Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." Detailed history and duration of signs /symptoms of the tingling and numbness was not specified in the records provided. There was no objective evidence of significant radicular signs or symptoms in the lower that are specified in the records provided. The medical records provided did not specify any evidence of upper and lower extremity radiculopathy. Patient did not have any complaints of radiating pain to the lower extremities. The details of PT or other types of therapy done since the date of injury were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. A detailed response to a complete course of conservative therapy including PT visits was not specified in the records provided. Previous PT visit notes were not specified in the records provided. The request for EMG Lower Extremities is not fully established for this patient.