MAXIMUS Federal Services

Case Number:	CM14-0214117		
Date Assigned:	12/31/2014	Date of Injury:	12/08/2010
Decision Date:	02/27/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 injured worker is a a 56 year old male with a date of injury of December 8, 2010. Results of the injury include the lower spine. Diagnosis include status post lumbar laminectomy with fusion L5-S1, Thoracic sprain/strain, multilevel lumbar disc protrusions with varying amounts of neural encroachment at L3-L4, L4-L5, and L2-L3, rule put hernia repair. Treatment has included behavioral therapy, Norco, ambien, neurontin, voltaren, prilosec, and psychotropic medication management. Magnetic resonance Imaging (MRI) scan of the thoracic spine revealed a 3 mm disc protrusion at T6-T7 and moderate bilateral neuroforaminal narrowing at T6-T7 producing significant stenosis. MRI scan of the lumbar spine dated June 12, 2014 revealed a previous interbody fusion at L5-S1 without any central or neural encroachment at that level, a 6 mm protrusion at L3-L4 with mild to moderate central encroachment and moderate to severe neural foraminal encroachment. A 6 mm protrusion at L4-L5 level with mild to moderate facet hypertrophy and moderate to severe neuroforaminal narrowing, the so called junctional pathology as typically seen after on have fusion at one level in the areas directly above become stenotic and become the culprits of ongoing systems. Progress report dated November 18, 2014 noted the injured worker to be marginally symptomatic with ongoing symptoms coming from the spine. Work status was documented as temporary totally disabled. The treatment plan included a repeat MRI of the lumbar spine with contrast, MRI of the thoracic spine, lower extremity EMG/nerve conduction velocity, psychiatric consultation for anxiety and depression, and internal medicine consultation for treatment of gastroesophageal reflux. Utilization review form dated December 1, 2014 non certified repeat MRI of the lumbar spine with contrast, MRI of the

thoracic spine, and bilateral lower extremity EMG/NCV due to noncompliance with MTUS and Official Disability Guidelines.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- MRIs

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Chapter, MRI

Decision rationale: Regarding the request for MRI, CA MTUS does not address repeat MRIs. 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. Within the documentation available for review, there is no identification of any significant change in the patient's symptoms/findings since the previous MRI. In the absence of such documentation, the currently requested MRI is not medically necessary.

MRI of the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- MRIs

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Chapter, MRI

Decision rationale: Regarding the request for MRI, CA MTUS does not address repeat MRIs. 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. Within the documentation available for review, there is no identification of any significant change in the patient's symptoms/findings since the previous MRI. In the absence of such documentation, the currently requested MRI is not medically necessary.

Bilateral lower extremity EMG/NCV: 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 Low Back Chapter, Electrodiagnostic Studies

Decision rationale: Regarding the request for EMG/NCV, Occupational Medicine Practice Guidelines 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, the current symptoms/findings are not suggestive of any pathology beyond that which was identified on the previous MRI of the lumbar spine. Furthermore, there are no symptoms/findings suggestive of peripheral neuropathy for which the NCV would be indicated and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested EMG/NCV is not medically necessary.