

Case Number:	CM14-0048392		
Date Assigned:	07/02/2014	Date of Injury:	11/17/2002
Decision Date:	06/22/2015	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/16/2014

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 (IW) is a 68-year-old male who sustained an industrial injury to the lumbar spine on 11/17/2002. Diagnoses include unspecified thoracic/lumbar neuritis/radiculitis. Treatment to date has included medications, activity modification, heat and exercise. According to the PR2 dated 3/14/14, the IW reported nearly constant lower back pain with radiation to the left lower extremity to the posterior thigh and calf and extending to the bottom of the foot. He rated the pain 3/10 at best and 8/10 at worst. He also reported weakness in the right leg. Medications included Motrin 800mg 3 times daily and Norco 10/325mg 4 times daily. On examination, he had difficulty arising from a chair. Range of motion of the lumbar spine was reduced due to pain. A request was made for EMG of the lower extremities due to pain in the left lower extremity and weakness in the right lower extremity and a lumbar MRI due to increased lower back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of 2 lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, acute & chronic Lumbar and Thoracic Spine complaints (updated 05/10/13).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to the guidelines, an EMG is recommended to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection. It is not recommended for the diagnoses of nerve root involvement if history and physical exam, and imaging are consistent. In this case, the physical and x-ray do not indicate radicular findings at present. There is not of mechanical related pain rather than nerve impingement findings. The request for an EMG is not medically necessary.

Lumbar MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, APGI Plus, 2009, low Back complaints - Special Studies and Diagnostic and Treatment Considerations. ODG - Low Back chapter: Indications for imaging - Magnetic resonance imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. There were no neurological abnormalities on physical exam suggesting radiculopathy. Prior x-rays showed degenerative changes and MRI was performed in 2009 (results not available). There was no plan for surgery. The request for an MRI of the lumbar spine is not medically necessary.