

<b>Case Number:</b>	CM15-0005210		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	04/09/2000
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 57-year-old male who reported an injury on 04/09/2000. The mechanism of injury occurred while pushing a heavy metal filing cabinet. His diagnoses include lumbar sprain/strain with radicular complaints, left knee sprain/strain, and status post left knee arthroscopy meniscectomy. His past treatments included 4 chiropractic treatments, surgery, and medications. Case notes indicate the injured worker has had previous lumbar MRIs. On 11/17/2014, the injured worker complained of low back pain with associated weakness, numbness, and tingling the bilateral legs, toe level, and pressure in the prostate area. The injured worker also complained of intermittent moderate pain in the left knee. The physical examination revealed increased tone and tenderness about the paralumbar musculature with tenderness at the midline thoracolumbar junction and over the level of the L5-S1 facets with sciatica greater on the right. There was also noted muscle spasms. The injured worker's lumbar range of motion revealed forward flexion at 50 degrees, extension to 30 degrees, right lateral flexion at 25 degrees, left lateral flexion at 35 degrees, right rotation at 25 degrees, and left rotation at 25 degrees. The injured worker was indicated to have a positive straight leg raise bilaterally, positive Patrick Faber's, and positive sciatic tenderness. The injured worker's reflexes, sensation, and motor strength were indicated to be intact. The examination of the left knee revealed tenderness to palpation along the medial/lateral joint line with no evidence of swelling or crepitus. The range of motion of the left knee was indicated with flexion at 125 degrees. Current medications included tramadol 50 mg. The treatment plan included a lumbar MRI to better assess the root of the injured worker's complaints as the previous MRI was performed 7

years ago and a bilateral lower extremities NCV/EMG to assess his neurological complaints. A Request for Authorization form was not submitted for review.

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, Magnetic resonance imaging (MRIs).

**Decision rationale:** The request for MRI of the lumbar spine is not medically necessary. According to the Official Disability Guidelines, repeat MRIs are not recommended and should be reserved for significant changes in symptoms and/or findings suggestive of significant pathology. The clinical documentation indicated the injured worker had had a previous MRI. However, there was lack of documentation to indicate evidence of significant clinical findings/symptoms of significant changes in pathology. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

**NCV/EMG of the 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): 303-305.

**Decision rationale:** The request for NCV/EMG of the lower extremities is not medically necessary. According to the California MTUS/ACOEM Guidelines, diagnostic testing should be considered when there is unequivocal objective findings that identify specific nerve compromise on the neurologic examination in patients who do not respond to treatment and who would consider surgery as an option. The injured worker was indicated to be participating in chiropractic treatment. However, there is lack of documentation indicating sufficient evidence of specific nerve compromise on neurologic examination to indicate medical necessity for a lower extremity NCV/EMG at this time. In addition, there was lack of documentation to indicate the injured worker did not respond to treatment and would consider surgery as an option. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

