MAXIMUS Federal Services

Case Number:	CM15-0108055		
Date Assigned:	06/12/2015	Date of Injury:	06/26/2002
Decision Date:	07/14/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	06/04/2015

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: North Carolina, Georgia
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 is a female patient who sustained an industrial injury on 06/26/2002. A follow up visit dated 03/20/2015 reported the patient with subjective complaint of having ongoing chronic low back pain along with left knee pain extending down the lower back. The pain is aggravated by such activities as bending, lifting, and twisting, prolonged sitting, getting out of cars and chairs and lying flat. She states that she has not gone for a magnetic resonance imaging study or obtained the home traction unit. Objective findings showed the left knee positive for crepitus with range of motion. There is positive tenderness over the medial femoral condyle as well as over the joint line. There is also noted lateral joint line tenderness. The lumbar spine range of motion is decreased secondary to pain. There is positive lumbar tenderness and paraspinous muscle spasming. The plan of care noted the patient with recommendation to undergo MRI of both lumbar spine and left knee; use home traction unit; undergo electro diagnostic nerve testing. The patient is to remain permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays of the lumbar spine (flex/ext/lats): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary.

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

Decision rationale: ACOEM states that should not be recommended in the absence of red flag findings of serious spinal pathology even if symptoms have persisted greater than 6 weeks. In this case, there are no red flag findings reported in the examination. Lumbar spine x rays are not medically necessary.

EMG/NCS of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: CA MTUS/ACOEM allows for the use of EMG and NCV for the evaluation of radiculopathy and peripheral neuropathy when symptoms are present for more than a few weeks. These tests may help identify subtle focal neurologic dysfunction in cases of lower extremity symptoms. The claimant had EMG/NCV of bilateral lower extremities in 2014 (which were normal) and there is no documentation of substantial changes in exam to warrant repeat testing. Bilateral lower extremity EMG/NCV is not medically necessary.