

Case Number:	CM15-0019862		
Date Assigned:	02/09/2015	Date of Injury:	04/19/2013
Decision Date:	03/26/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/02/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 62 year old female, who sustained an industrial injury on April 19, 2013. She has reported a back injury. The diagnoses have included lumbar spine mild degenerative disc disease, and lumbar spine sprain and strain. Treatment to date has included medications, chiropractic treatment, transcutaneous electrical nerve stimulation, 11 completed physical therapy sessions, acupuncture, and bracing. Currently, the IW complains of continued low back pain with radiation into the left leg. A magnetic resonance imaging of the lumbar spine dated April 28, 2014, reveals multilevel disc degeneration, and disc extrusion. Physical findings reveal a positive straight leg raise test on the left, positive Patrick test at the left sacroiliac joint, and tenderness of the lumbar region, and left shoulder. On January 16, 2015, Utilization Review non-certified lumbar computed tomography scan, and bilateral lower extremity electromyography and nerve conduction studies, based on MTUS and ODG guidelines; and authorized lumbar magnetic resonance imaging. On January 24, 2015, the injured worker submitted an application for IMR for review of lumbar magnetic resonance imaging, and lumbar computed tomography scan, and bilateral lower extremity electromyography and nerve conduction studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar CT scan: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back section, CT scan

Decision rationale: Pursuant to the Official Disability Guidelines, lumbar CAT scan is not medically necessary. MRI has largely replaced computed tomography in the noninvasive evaluation of patients with painful myelopathy because of superior soft tissue resolution and multiplanar capability. The new ACP/APS guideline as compared to the old AHCPR guideline is more forceful about the need to avoid specialized diagnostic imaging such as computed tomography (CT) without a clear rationale for doing so. Indications for CT imaging include, but are not limited to, lumbar spine trauma, neurologic deficits; lumbar spine trauma, seatbelt fracture; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are lumbar spine mild degenerative disc disease; and lumbar spine sprain and strain. The documentation indicates a second magnetic resonance imaging scan of the lumbar spine was authorized. Reportedly, the injured worker's clinical symptoms did not coincide with the first magnetic resonance imaging scan performed. The reviewing (UR) physician authorized a second magnetic resonance imaging scan of the lumbar spine. Accordingly, there was no clear rationale for performing a CAT scan of the lumbar spine. Consequently, absent clinical documentation with a clear clinical rationale for a CAT scan of the lumbar spine when a repeat MRI lumbar spine is authorized, lumbar CAT scan is not medically necessary.

Bilateral lower extremity EMG/NCV: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back section, EMG/NCV

Decision rationale: Pursuant to the Official Disability Guidelines, bilateral lower extremity EMG/NCV studies are not medically necessary. Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after one month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. In this case, the injured worker's working diagnoses are lumbar spine mild degenerative disc disease; and lumbar spine sprain and strain. The documentation from the physician requesting the EMG/NCV is not present in the medical record. An orthopedic surgeon progress note dated December 23, 2014 states the injured worker has a lumbar radiculopathy. The guidelines state there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Consequently, absent clinical documentation to support an EMG/NCV with

clinical evidence of radiculopathy, bilateral lower extremity EMG/NCV studies are not medically necessary.