

Case Number:	CM15-0111098		
Date Assigned:	06/17/2015	Date of Injury:	05/07/2013
Decision Date:	07/16/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/09/2015

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
 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 sustained an industrial injury on 5/7/13. The injured worker was diagnosed as having lumbago; chronic low back pain; right leg pain. Treatment to date has included physical therapy; injections; medications. Currently, the PR-2 notes dated 2/9/15 indicated the injured worker was a no show. PR-2 notes dated 12/1/14 indicated the injured worker complained of low back pain rated at 6/10 and right leg pain rated at 5/10 with growing pain and soreness. Objective findings are documented as "no new motor or sensory deficits" and a diagnosis of multilevel HNP L2-3, L3-4 and L4-5 with low back pain. He remains off work. Nothing is noted as a treatment plan on this note. The provider is requesting a MRI of the lumbar spine without contrast and an EMG/NCV study of the right leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The patient continues with unchanged symptom complaints, non-progressive clinical findings without any acute change to supporting repeating the lumbar spine MRI. Exam showed diffuse weakness with intact sensation and reflexes. ACOEM Treatment Guidelines Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies such as the requested MR (EG, Proton) spinal canal and contents, Lumbar without contrast, include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports for this chronic injury have not adequately demonstrated the indication for repeating the MRI of the Lumbar spine performed in 2013 nor document any specific changed clinical findings to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of Lumbar spine without contrast is not medically necessary or appropriate.

EMG/NCV to the right leg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): Table 12-8, Electrodiagnostics, page 309.

Decision rationale: Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis on imaging, medical necessity for Electrodiagnostics has not been established. Submitted reports have not demonstrated any correlating symptoms and clinical findings to suggest any lumbar radiculopathy, peripheral neuropathy, or entrapment syndrome, only with continued chronic pain with exam findings of limited range without consistent myotomal and dermatomal neurological deficits. Additionally, there is minimal justification for performing nerve conduction studies (NCV) when a patient is presumed to have symptoms on the basis of radiculopathy. Submitted reports have not demonstrated specific positive imaging study with specific consistent myotomal or dermatomal correlation to support for these electrodiagnostic studies. The EMG/NCV to the right leg is not medically necessary or appropriate.