

<b>Case Number:</b>	CM15-0119860		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	02/13/2013
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 (IW) is a 57-year-old male who sustained an industrial injury on 02/13/2013. Diagnoses include lumbar spine sprain/strain and SI sprain with right leg radiculopathy. Treatment to date has included medications, pool therapy, activity modification, home exercise and chiropractic therapy. According to the progress notes dated 5/22/15, the IW reported frequent mild to moderate lower back pain rated 5-8/10 with associated right lower extremity radiating symptoms, which recently increased in severity. On examination, the lumbar spine and paraspinal muscles were tender to palpation bilaterally with hypertonicity. The right sacroiliac joint and right sciatic notch was also tender. Right straight leg raise produced a radicular component at L5/S1. There was increased low back pain with left straight leg raise. Right sacroiliac stress test was positive. Sensation was decreased in the right L5-S1 dermatomes. Lumbar spine range of motion was decreased. A request was made for MRI of the lumbar spine and electromyography/nerve conduction velocity (EMG/NCV) studies of the right lower extremity to assess for discogenic pathology with secondary radiculopathy.

### 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The MTUS discusses recommendations for MRI in unequivocal findings of specific nerve compromise on physical exam, in patients who do not respond to treatment, and who would consider surgery an option. Absent red flags or clear indications for surgery, a clear indication for MRI is not supported by the provided documents. The patient appears to have radiculopathy on exam, but there is no clear evidence of progression/failure of conservative treatment, and the provided hand-written notes are difficult to interpret. Without further indication for imaging, the request for MRI at this time cannot be considered medically necessary per the guidelines.

**EMG/NCV of the right lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** Per the MTUS ACOEM Guidelines, physiologic evidence may be in the form of definitive neurologic findings on physical examination, electro diagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic exam is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and nerve conduction velocities may help identify subtle focal neurologic dysfunction. In this case, there appears to be clear radiculopathy in a known distribution, negating the need for electro diagnostics. Therefore, per the guidelines, the request for EMG/NCV is not considered medically necessary.