

<b>Case Number:</b>	CM15-0124339		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	10/15/2014
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 35 year old female, who sustained an industrial injury on October 15, 2014, incurring neck and lower back injuries. The injured worker was in her second trimester of pregnancy at the time of the injury. She was diagnosed with a neck sprain and lumbar sprain. Treatment included ice and heat, stretching exercises, physical therapy, and acetaminophen for pain and work restrictions. Currently, the injured worker complained of persistent lower back pain radiating from her left hip and into her calf and into her right lower extremity. She noted difficulty sitting for prolonged periods of time due to the pain. The treatment plan that was requested for authorization included Magnetic Resonance Imaging of the lumbar spine once pregnancy is completed, Nerve Conduction Velocity and Electromyography of bilateral lower extremity once pregnancy is completed and a custom lower back brace once pregnancy is completed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI scan of lumbar spine once pregnancy is completed:** 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.

**Decision rationale:** Guidelines state lumbar spine MRI if there is evidence of specific nerve compromise on neurologic examination in patients who do not respond to treatment and who would consider surgery an option. If the neurologic exam is less clear, further physiologic evidence of nerve dysfunction should be obtained before MRI and after 3 months of conservative treatments have failed. In this case, the patient has had previous MRI studies that have not yet been reviewed. The request for MRI scan of the lumbar spine is not medically appropriate and necessary.

**NCV and EMG of bilateral lower extremity once pregnancy is completed:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Nerve conduction studies (NCS).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 178.

**Decision rationale:** Guidelines recommend EMG/NCV to help identify subtle focal neurologic dysfunction in patients with lower extremity pain lasting more than 3-4 weeks. In this case, there are no signs of peripheral nerve entrapment. The request for EMG and NCV of the Lower Extremities is not medically appropriate and necessary.

**Custom lower back brace once pregnancy is completed:** 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) DME.

**Decision rationale:** Guidelines do not recommend a back brace for patients who did not recently undergo spinal surgery. In this case, the patient has not undergone back surgery. Therefore, a custom lower back brace is not medically appropriate and necessary.