

Case Number:	CM15-0124346		
Date Assigned:	07/08/2015	Date of Injury:	07/01/2008
Decision Date:	08/06/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44 year old female, who sustained an industrial injury on July 1, 2008. She reported an injury to her low back. Treatment to date has included diagnostic imaging, lumbar microdiscectomy, work modifications, EMG/NCV, lumbar epidural steroid injection, home exercise program, massage therapy, physical therapy and medications. Currently, the injured worker complains of a flare up of low back pain. She reports non-daily low back pain and pain in the big toe of her left foot. She notes that she is able to perform activities of daily living without issues related to her low back. On physical examination the injured worker ambulates without a limp and can walk on her heels and toes. She has no guarding on examination of her lumbar spine and has slight pain with palpation in the left sciatic notch. She reports pain with low back extension and has sensory deficit in the lateral left foot and posterior left leg. The diagnoses associated with the request include lumbar lateral listhesis, lumbar degenerative disc disease and sciatica. The treatment plan includes MRI of the lumbar spine and EMG/NCV of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI with and without GAD for the lumbar spine: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: The claimant sustained a work injury in July 2008 and underwent a microdiscectomy in November 2010. EMG/NCS testing in January 2013 included findings of left L5 radiculopathy. X-rays in June 2013 were negative for instability. The claimant has continued to have radiating back pain and a lumbar laminectomy had been authorized and scheduled for February 2014. The claimant elected not to undergo the procedure. She was seen on 04/07/15. She was having ongoing radiating pain but was managing. She was seen six weeks later and was now having severe left lower extremity numbness and increasing pain. Physical examination findings included decreased left lower extremity sensation. X-rays were obtained including findings of slight instability with flexion/extension views. Authorization for additional testing was requested. Guidelines indicate that a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, the claimant has new findings of left lower extremity sensory loss and x-rays suggest interim instability since June 2013. She has had prior lumbar surgery and further surgery had been planned more than one year before. The requested MRI with gadolinium is medically necessary.

EMG/NCV of the bilateral lower extremities: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Low Back-Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS) (2) Low Back-Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography).

Decision rationale: The claimant sustained a work injury in July 2008 and underwent a microdiscectomy in November 2010. EMG/NCS testing in January 2013 included findings of left L5 radiculopathy. X-rays in June 2013 were negative for instability. The claimant has continued to have radiating back pain and a lumbar laminectomy had been authorized and scheduled for February 2014. The claimant elected not to undergo the procedure. She was seen on 04/07/15. She was having ongoing radiating pain but was managing. She was seen six weeks later and was now having severe left lower extremity numbness and increasing pain. Physical examination findings included decreased left lower extremity sensation. X-rays were obtained including findings of slight instability with flexion/extension views. Authorization for additional testing was requested. An EMG (electromyography) is recommended as an option to obtain unequivocal evidence of radiculopathy. In this case, the presence of radiculopathy is apparent by clinical examination and supported by the claimant's history of surgery and electrodiagnostic

testing already performed in June 2013. Advanced imaging has been requested. There would be no reason to test the asymptomatic right lower extremity. Nerve conduction studies (NCS) for lumbar radiculopathy are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of lumbar radiculopathy. The requested bilateral lower extremity EMG / NCV is not medically necessary.