

Case Number:	CM15-0175270		
Date Assigned:	09/16/2015	Date of Injury:	09/04/2012
Decision Date:	10/22/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/04/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 45 year old female who sustained an industrial injury on 09-04-2012. Mechanism of injury was a slip and fall. Diagnoses include status post arthroscopic repair of the left knee with residual medial and lateral meniscal injury per Magnetic Resonance Imaging, rule out lumbar intervertebral disc displacement without myelopathy, left L5 radiculopathy. A physician progress note dated 07-23-2015 documents the injured worker complains of severe low back pain with radiation and cramping and tingling which is rated at 8 out of 10. Her lumbar spine has severe muscle spasms and range of motion is restricted and painful. Straight leg raise and Braggards test are positive. There is loss of sensation at the L4-5 dermatomes. Her left knee has severe swelling and buckling with a constant dull, achy pain that she rates as 8 out of 10. Medial and lateral stress tests are positive. A Magnetic Resonance Imaging of the left knee done on 04-15-2015 reveals tricompartmental osteoarthritic changes and bucket handle tear of the lateral meniscus, with intrasubstance degeneration of the medial meniscus. A Magnetic Resonance Imaging of the lumbar spine done on 05-28-2014 showed disc bulges and protrusions, and mild bilateral facet degenerative changes. She has a broad based gait. Medications as of 03-13-2015 include Tramadol ER 150mg daily, Neurontin 300mg 1 at hour of sleep, and topical creams. She is not working. Treatment to date has included diagnostic studies, medications, status post left knee arthroscopic surgery, lumbar epidural injections, trigger point injections, physical therapy, and chiropractic sessions. A Request for Authorization dated 07-24-2015 is requesting Electromyography and Nerve Conduction Velocity of the bilateral lower extremities and a Magnetic Resonance Imaging of the lumbar spine without dye. On 08-12-2015 the Utilization Review non-certified the requested treatment Electromyography (EMG)-Nerve conduction velocity (NCV) of the bilateral lower extremities, and a MRI of the lumbar spine, without dye.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG)/Nerve conduction velocity (NCV) of the bilateral lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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, EMG.

Decision rationale: Record of 7/23/15, indicates the neurologist noted the injured worker with and back pain, with pain radiating down both legs. Physical examination was noted to show limited motion with severe muscle spasms and loss of sensation in L4-5 dermatomes. The sensory change is a new (progressive) neurologic change compared to previous reported physical examination. ODG guidelines support EMG to evaluate neurologic deficits to determine peripheral versus central causes. As such, the medical records provided for review, do support EMG of bilateral lower extremities. Therefore, the request is medically necessary.

MRI of the lumbar spine, without dye: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.
Decision based on Non-MTUS Citation ODG.

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, MRI.

Decision rationale: Record of 7/23/15, indicates the neurologist noted the injured worker with and back pain, with pain radiating down both legs. Physical examination was noted to show limited motion with severe muscle spasms and loss of sensation in L4-5 dermatomes. The sensory change is a new (progressive) neurologic change compared to previous reported physical examination. ODG guidelines support imaging for uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. As such, the medical records provided for review, does support repeat imaging at this time. Therefore, the request is medically necessary.