

Case Number:	CM15-0176041		
Date Assigned:	09/25/2015	Date of Injury:	09/05/2009
Decision Date:	11/10/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/08/2015

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: Texas, Illinois

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:

This 61 year old female sustained an industrial injury on 8-10-08. Documentation indicated that the injured worker is being treated for lumbar stenosis. Previous treatment included lumbar decompression x2 and medications. In a PR-2 dated 8-19-15, the injured worker complained of low back pain with radiation to bilateral lower extremities. Physical exam was remarkable for lumbar spine with tenderness to palpation to the paraspinal and lumbosacral junction with "moderate" spasms, decreased sensation at the L5 and S1 distributions and range of motion: 20-5-12-11. The injured worker walked with a guarded, antalgic gait with forward flexed posture. Magnetic resonance imaging lumbar spine (10-9-14) showed disc extrusion at L4-5 compressing the L5 nerve root, L5-S1 severe bilateral neural foraminal narrowing and moderate canal stenosis and disc extrusion with moderate central and bilateral neural foraminal narrowing at L3-5. Computed tomography lumbar spine (4-24-15) showed multilevel severe degenerative disc disease with multilevel neural foraminal narrowing with facet hypertrophy. The treatment plan included magnetic resonance imaging lumbar spine and electromyography and nerve conduction velocity test of bilateral lower extremities as requested by an orthopedic surgeon in pursuit of surgery. On 8-26-15, Utilization Review noncertified a request for magnetic resonance imaging lumbar spine with or without contrast and electromyography and nerve conduction velocity test of bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the lumbar spine with or without contrast material:
Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies, Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) magnetic imaging resonance (MRI's) and Other Medical Treatment Guidelines Medscape Cauda Equina and Conus Medullaris Syndromes Clinical Presentation <http://emedicine.medscape.com/article/1148690-clinical>.

Decision rationale: The injured worker sustained a work related injury on 8-10-08. Documentation indicated that the injured worker is being treated for lumbar stenosis. Previous treatment included lumbar decompression x2 and medications. The medical records indicate the injured worker has urinary incontinence; physical examination revealed sensory deficits in the lower extremities as well as diminished ankle and knee reflexes; the radiologist recommended MRI Lumbar if the CT findings correlates with findings in CT; orthopedist thinks there is a possibility of cauda equina syndrome based on the presenting feature. The injured worker is considered as a likely surgical candidate. Although both the MTUS and the Official Disability Guidelines recommend against imaging studies, the guidelines recommend imaging studies in cases with unequivocal clinical features of neurological deficit. Additionally, although the Official Disability Guidelines recommends against repeat Lumbar MRI, this guidelines recommends repeat MRI when there is significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation. Furthermore, Medscape recommends MRI as the imaging of choice for Cauda Equina syndrome. The medical records provided for review do indicate a medical necessity for MRI (magnetic resonance imaging) of the lumbar spine with or without contrast material. Therefore, the request is medically necessary.

EMG (Electromyography)/ NCV (Nerve Conduction Velocity) studies of bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography).

Decision rationale: The injured worker sustained a work related injury on 8-10-08. Documentation indicated that the injured worker is being treated for lumbar stenosis. Previous treatment included lumbar decompression x2 and medications. The MTUS and the Official Disability Guidelines recommends against EMG for clinically obvious radiculopathy. The

records indicate the injured worker has positive straight leg raise, sensory deficits and diminished reflexes in the lower limbs. The medical records provided for review do not indicate a medical necessity for EMG (Electromyography)/ NCV (Nerve Conduction Velocity) studies of bilateral lower extremities. Therefore, the request is not medically necessary.