

Case Number:	CM15-0027003		
Date Assigned:	02/19/2015	Date of Injury:	04/08/2008
Decision Date:	04/03/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/12/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59 year old male, who sustained a work related injury on 4/8/08. The diagnoses have included lumbosacral radiculopathy and depressive disorder. Treatments to date have included lumbar epidural steroid injections, oral medications, heat therapy, physical therapy, previous MRI of lumbar spine (over two years ago) and previous electrodiagnostic study of the lower extremities (over five years ago). In the PR-2 dated 12/31/14, the injured worker complains of lower back pain with pain radiating down legs with numbness and weakness. He states that exercise makes the pain in his legs worse. He has tenderness to palpation in the lumbar musculature with spasms. He has decreased range of motion in the lower back. On 1/26/15, Utilization Review non-certified requests for a MRI of the lumbar spine without contrast and electrodiagnostic studies of the lower extremities. The California MTUS, ACOEM Guidelines and ODG were cited.

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 without contrast: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official disability guidelines low back chapter, MRI.

Decision rationale: This patient presents with continued lower back pain radiating to the lower extremity with numbness and weakness. The patient has a diagnosis of lumbosacral radiculopathy. The current request is for MRI of the lumbar spine without contrast. For special diagnostics, ACOEM Guidelines page 303 states, "Unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging on patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. For this patient's now chronic condition, ODG Guidelines provides a thorough discussion. ODG under its low back chapter recommends obtaining an MRI from uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, sooner if there is severe or progressive neurological deficit. ODG further states, "repeat MRI is not routinely recommended, and should be reserved for significant change in symptoms and/or findings suggestive of significant pathology - e.g., tumor, infection, fracture, neurocompression, recurrent disk herniation)." Review of the medical file indicates the patient underwent an MRI study of the lumbar spine "by the VA over 2 years ago." The treating physician states that "We do feel that updated studies are warranted, given that his symptoms are worsening. This is to determine if the patient is a surgical candidate and to guide further treatment." The treating physician has provided two progress reports dated 12/03/2014 and 12/31/2014. Although the treating physician has stated in his 12/31/2014 progress report that the patient's symptoms are "worsening," there is no indication of new injury, significant change in examination finding, no new injury, no bowel/bladder symptoms and no new location of symptoms that would require additional investigation. The requested repeat MRI of lumbar spine is not medically necessary.

Electrodiagnostic studies of the lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official disability guidelines low back chapter, EMG studies.

Decision rationale: This patient presents with continued low back pain radiating to the lower extremities with numbness and weakness. The patient has a diagnosis of lumbar radiculopathy. The current request is for electrodiagnostic studies of the lower extremities. Review of the medical file indicates the patient underwent electrodiagnostic studies of the lower extremities "approximately 5 years ago." The treating physician states that the updated study is warranted given the patient's worsening symptoms and to determine if the patient is a surgical candidate. The treating physician further states that authorization for electrodiagnostic studies is being requested to evaluate if the cause of his paresthesia is "entrapment versus radiculopathy versus

peripheral neuropathy." For EMG of the lower extremities, the ACOEM Guidelines page 303 states, "Electromyography (EMG), including H-reflex test, may be useful to identify subtle, focal neurological dysfunction in patients with low back pain symptoms lasting more than 3 or 4 weeks." ODG Guidelines, under its low back chapter, has the following regarding EMG studies, "EMG (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1 month of conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious." The ODG Guidelines for electrodiagnostic further states that, "The number of tests performed should be the minimum needed to establish an accurate diagnosis." In this case, the patient has had an EMG of the lower extremity and MRI of the lumbar spine in the past. The patient also has current diagnosis of lumbar radiculopathy. The medical necessity of repeating the diagnostic study has not been established at this time. This request is not medically necessary.