

Case Number:	CM15-0063828		
Date Assigned:	04/09/2015	Date of Injury:	06/28/2010
Decision Date:	05/12/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/03/2015

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, New York, California
 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:

The applicant is a represented 58-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 28, 2010. In a Utilization Review report dated March 15, 2015, the claims administrator failed to approve requests for MRI imaging of the lumbar spine and electrodiagnostic testing of the bilateral lower extremities. The claims administrator incidentally noted that the applicant had undergone earlier shoulder surgery on October 2014. The claims administrator referenced electrodiagnostic testing of August 6, 2013 notable for a mild L5 radiculopathy with superimposed demyelinating polyneuropathy. A March 9, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On May 19, 2014, the applicant was described as status post earlier lumbar epidural steroid injection therapy. On April 1, 2014, the applicant was placed off of work, on total temporary disability. It was stated that the applicant had received multiple epidural steroid injection. The applicant was using Duragesic as of this point in time, it was acknowledged. On November 12, 2014, the applicant reported ongoing complaints of low back pain radiating into legs. The applicant stated that he was now at the point where he would like to proceed with the previously proposed L4-S1 lumbar spine surgery. The applicant's medication list included Motrin, Norco, Skelaxin, Butrans, and Ambien. Weakness about the legs was appreciated in multiple muscle groups. The applicant was nevertheless ambulatory. The attending provider suggested that the applicant pursue an L5-S1 lumbar fusion surgery. The claims administrator medical evidence log suggested that the November 12, 2014 progress note was the most recent progress note on file.

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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289 - 290.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: Yes, the proposed lumbar MRI was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are being evaluated. Here, the applicant had ongoing complaints of low back pain with associated lower extremity radicular complaints. Lower extremity weakness was appreciated on exam, the treating provider reported on November 12, 2014. The applicant was willing to consider lumbar spine surgery, the treating provider further reported. Moving forward with MRI imaging was, thus, indicated, for preoperative planning purposes as earlier lumbar MRI imaging was likely too dated for the same. Therefore, the request was medically necessary.

EMG/NCS of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308 - 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: Conversely, the request for electrodiagnostic testing of bilateral lower extremities was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, EMG testing is deemed not recommended for applicants with a clinically obvious radiculopathy. Here, the applicant did apparently have a clinically obvious, electrodiagnostically confirmed radiculopathy. Historical electrodiagnostic testing of August 6, 2013 was notable for a mild left L5 radiculopathy and superimposed polyneuropathy. It was not clearly established why repeat electrodiagnostic testing was needed here as the diagnoses in question, namely lumbar radiculopathy, and polyneuropathy, were seemingly clinically evident and electrodiagnostically confirmed. While it is acknowledged that the March 9, 2015 progress note made available to the claims administrator was not incorporated into the Independent Medical Review packet, the historical progress notes which were on file, however, failed to make a compelling case for the electrodiagnostic testing component of the request. Therefore, the request was not medically necessary.

