MAXIMUS Federal Services

Case Number:	CM15-0064161		
Date Assigned:	04/10/2015	Date of Injury:	03/13/2014
Decision Date:	05/12/2015	UR Denial Date:	03/05/2015
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: Florida
Certification(s)/Specialty: Family Practice

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 61 year old male, who sustained an industrial injury on 03/13/2014. The initial complaints or symptoms included head, right shoulder, buttocks, and right knee trauma with pain located in the waist, hips, legs, back, neck and head. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, electrical shock therapy, conservative therapies, trigger point injections, and EKGs. Currently, the injured worker complains of constant aching neck pain that travels to the bilateral upper extremities with numbness and tingling episodes, constant aching pain in the shoulders with a clicking sensation with episodes of numbness and tingling in the bilateral upper extremities, constant low back aching pain that radiates to the lower extremities with numbness and tingling in the feet, constant right hip pain with episodes of numbness in the right leg, constant right knee pain with clicking and popping in the right knee as well as swelling, difficulty sleeping, and gastrointestinal pain and reflux. The diagnoses include cervical radicular syndrome, degenerative disk disease of the cervical spine, lumbar disk disease, and lumbar radicular syndrome. The treatment plan consisted of MRI of the lumbar and cervical spines, EMG/NCV (electromyography/nerve conduction velocity), medications (tramadol), and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) Lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ACEOM Low Back Complaints, referenced by CA MTUS guidelines 301-315 Page(s): ACEOM Low Back Complaints, referenced by CA MTUS guidelines 301-315.

Decision rationale: Regarding request for MRI, guidelines state unequivocal objective findings that identify specific nerve compromise on the neurologic examination at sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging results in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. This request is not reasonable as there is no indication that there are red flags or that symptoms are severe or there is a progressive neurologic deficit. Likewise, this request is not considered medically necessary.

MRI (magnetic resonance imaging) Cervical: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-7.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and upper back complaints Page(s): 177-180.

Decision rationale: Regarding request for MRI, guidelines state unequivocal objective findings that identify specific nerve compromise on the neurologic examination at sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging results in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. This request is not reasonable as there is no indication that there are red flags or that symptom is severe or there is a progressive neurologic deficit. Likewise, this request is not considered medically necessary.

EMG (electromyogram)/NCV (nerve conduction velocity) of Bilateral Lower Extremity: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low back pain complaints Page(s): 303.

Decision rationale: MTUS guidelines state regarding EMG, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." Regarding this patient's case, decreased sensation was noted in the lateral aspect of both legs on a 1/28/2015 physical exam note. This patient has had low back pain for much longer then 3-4 weeks. This request for an EMG/NCS of the bilateral lower extremities is considered medically necessary.