

Case Number:	CM15-0085235		
Date Assigned:	05/12/2015	Date of Injury:	08/23/2013
Decision Date:	10/02/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/04/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 (IW) is a 55-year-old female who sustained an industrial injury on 08-23-2013 due to lifting. Diagnoses include lumbar spine strain with right lower extremity radiculopathy. Treatment to date has included medications, epidural steroid injection, physical therapy and acupuncture. According to the progress notes dated 03-31-2015, the injured worker reported low back pain with radiation down to the right leg with numbness and tingling in the right leg. The pain was aggravated by prolonged sitting. On examination, there was tenderness to palpation in the right lumbar paraspinal muscles and the right buttock. Range of motion was decreased and painful. Right straight leg raise was positive at 80 degrees. Muscle strength was 5-out of 5 in the right lower extremity. A request was made for electromyography (EMG) and, or nerve conduction velocity (NCV) studies of the bilateral lower extremity as an outpatient and MRI of the lumbar spine as an outpatient for assessment of the IW's condition due to worsening symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

One electromyography (EMG) and/or nerve conduction velocity (NCV) studies of the left lower extremity as an outpatient: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Low Back-Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS) (2) Low Back-Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography).

Decision rationale: The claimant sustained a work injury in August 2013 and is being treated for low back pain with right lower extremity radiating symptoms. An MRI of the lumbar spine was done in January 2014. Recent treatments include physical therapy provided beginning in January 2015. An x-ray of the lumbar spine on 03/03/15 showed findings of decreased L5-S1 disc space without instability. When seen, she was having low back pain radiating into the right lower extremity with occasional numbness and tingling. She had increased pain with walking or prolonged sitting. Physical examination findings included decreased right lower extremity strength with positive straight leg raising. There was decreased and painful lumbar spine range of motion. There was an antalgic gait with use of a cane. There was right para lumbar and buttock tenderness. Authorization for a repeat MRI of the lumbar spine and electrodiagnostic testing was requested. Electromyography (EMG) testing is recommended as an option and may be useful to obtain unequivocal evidence of radiculopathy but is not necessary if radiculopathy is already clinically obvious, In this case the claimant has clinical findings of radiculopathy with positive straight leg raising and decreased lower extremity strength. Radiculopathy is clinically documented and therefore electromyography is not considered medically necessary. Nerve conduction studies for lumbar radiculopathy are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of lumbar radiculopathy. The a lower extremity nerve conduction study was not medically necessary. Additionally there would be no reason to test the asymptomatic left lower extremity. The requested electrodiagnostic testing is not considered medically necessary.

Magnetic resonance imaging (MRI) of the lumbar spine as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: The claimant sustained a work injury in August 2013 and is being treated for low back pain with right lower extremity radiating symptoms. An MRI of the lumbar spine was done in January 2014. Recent treatments include physical therapy provided beginning in January 2015. An x-ray of the lumbar spine on 03/03/15 showed findings of decreased L5-S1 disc space without instability. When seen, she was having low back pain radiating into the right lower extremity with occasional numbness and tingling. She had increased pain with walking or prolonged sitting. Physical examination findings included decreased right lower extremity strength with positive straight leg raising. There was decreased and painful lumbar spine range of

motion. There was an antalgic gait with use of a cane. There was right para lumbar and buttock tenderness. Authorization for a repeat MRI of the lumbar spine and electrodiagnostic testing was requested. Guidelines indicate that a repeat MRI of the lumbar spine is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, the claimant's prior MRI results were not reviewed. She has clinical findings of radiculopathy and a repeat MRI of the lumbar spine is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). Without reviewing the claimant's prior imaging, requesting a repeat MRI cannot be considered as being medically necessary.