MAXIMUS Federal Services

Case Number:	CM15-0096451		
Date Assigned:	05/26/2015	Date of Injury:	06/09/1984
Decision Date:	07/01/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/19/2015

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 78-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 9, 1984. In a Utilization Review report dated May 11, 2015, the claims administrator failed to approve requests for lumbar MRI imaging and electrodiagnostic testing of bilateral lower extremities. The claims administrator referenced an April 9, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In RFA forms dated May 1, 2015, both lumbar imaging and electrodiagnostic studies of the bilateral lower extremities were sought. In an associated progress note dated April 15, 2015, the applicant apparently consulted an orthopedist reporting complaints of low back pain radiating into the right leg. The applicant's symptoms had progressively worsened to the point where it was difficult to perform any activities such as lifting, bending, stooping, and twisting. The applicant was using a cane to move about, it was acknowledged. Positive right-sided straight leg raising and disk disease about the right leg were appreciated. The applicant was on Aleve and Lidoderm patches, it was acknowledged. A trial of Voltaren gel, x-rays of the lumbar spine, MRI imaging of the lumbar spine, and electrodiagnostic testing of the bilateral lower extremities were sought. The attending provider did not, however, state how the studies would influence or alter the treatment plan. The attending provider stated that the applicant could be a candidate for epidural steroid injections, however, toward the bottom of the report.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRIs.

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

Decision rationale: No, the request for lumbar MRI imaging is not medically necessary, medically appropriate, or 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, however, there was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the lumbar spine based on the outcome of the study. Rather, the attending provider seemingly suggested that the applicant was intent on pursuing various interventional pain management procedures, regardless of the outcome of the study in question. Thus, there was neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the study in question and/or consider surgical intervention based on the outcome of the same. Therefore, the request is not medically necessary.

EMG/NCV Bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, EMGs, NCS; www.uptodate.com - Differential diagnostics in patient with mild lumbar spinal stenosis: the contributions and limits of various tests.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 309; 377.

Decision rationale: Similarly, the request for electrodiagnostic testing of the bilateral lower extremities was likewise 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 "not recommended" for applicants with a clinically obvious radiculopathy. Here, the applicant's radiculopathy did, by all accounts, appear to be clinically obvious, with ongoing complaints of low back pain radiating to the right leg. It was not clearly stated why electrodiagnostic testing was sought in the context of the applicant's carrying a diagnosis of clinically obvious radiculopathy. Similarly, the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377 also notes that electrical studies (AKA NCV testing) are "not recommended" for routine foot and ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies. Here, however, there was no mention of the applicant's carrying a superimposed diagnosis or disease process, such as tarsal tunnel syndrome, entrapment neuropathy, generalized peripheral neuropathy, diabetic neuropathy, etc., on around the day of the request. Since both the

EMG and NCV components of the request were no indicated, the request is not medically necessary.