MAXIMUS Federal Services

Case Number:	CM15-0096906		
Date Assigned:	05/27/2015	Date of Injury:	12/15/2011
Decision Date:	06/26/2015	UR Denial Date:	05/01/2015
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: New Jersey
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 39 year old male, who sustained an industrial injury on 12/15/2011. He reported low back pain. The injured worker was diagnosed as having lumbar discopathy, status post lumbar laminectomy. Treatment to date has included medications, magnetic resonance imaging's, low back surgery, Toradol injections, vitamin B12 injections, modified duty, ergonomic chair, chiropractic treatment, and lumbar epidural injections. The request is for an open magnetic resonance imaging of the lumbar spine, and EMG/NCV of the bilateral lower extremities. On 4/8/2014, a PR-2 indicated the worker complained of constant back pain. On 5/1/2014, a request for authorization of Naproxen Sodium, Cyclobenzaprine Hydrochloride, Ondansetron ODT, Omeprazole, Tramadol, and Terocin patches was made. On 4/21/2015, he complained of constant low back pain aggravated by bending, lifting, and twisting, pushing, pulling and prolonged activity. He stated the pain was sharp in nature and rated it 8/10. He also indicated there was radiation into the lower extremities. Physical examination revealed tenderness of the low back, and a positive seated nerve root test. The range of motion of the low back is noted to have restriction with flexion and extension, and there is no clinical evidence of stability on exam. The treatment plan included: refilling medications not listed and a magnetic resonance imaging of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open Magnetic Resonance Imaging (MRI) of the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back section, MRI.

Decision rationale: MTUS Guidelines for diagnostic considerations related to lower back pain or injury require that for MRI to be warranted there needs to be unequivocal objective clinical findings that identify specific nerve compromise on the neurological examination (such as sciatica) in situations where red flag diagnoses (cauda equina, infection, fracture, tumor, dissecting/ruptured aneurysm, etc.) are being considered, and only in those patients who would consider surgery as an option. In some situations where the patient has had prior surgery on the back, MRI may also be considered. The MTUS also states that if the straight-leg-raising test on examination is positive (if done correctly) it can be helpful at identifying irritation of lumbar nerve roots, but is subjective and can be confusing when the patient is having generalized pain that is increased by raising the leg. The Official Disability Guidelines (ODG) state that for uncomplicated low back pain with radiculopathy MRI is not recommended until after at least one month of conservative therapy and sooner if severe or progressive neurologic deficit is present. The ODG also states that repeat MRI should not be routinely recommended, and should only be reserved for significant changes in symptoms and/or findings suggestive of significant pathology. The worker in this case had completed multiple lumbar MRIs, the reports of such MRIs, none of which were provided for review. Symptomatology based on previous notes provided suggested no significant change, although subjective reports of him worsening were present in the notes. There were no signs of a red flag diagnosis as well which might have warranted an MRI for a different reason. Without the MRI results (at least the most recent one from one year prior), and with more significant changes present on examination, the request for repeat lumbar MRI is not medically necessary.

Electromyogram (EMG)/Nerve Conduction Study (NCS) of the bilateral lower extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The MTUS ACOEM Guidelines state that for lower back complaints, nerve testing may be considered when the neurological examination is less clear for symptoms that last more than 3-4 weeks with conservative therapy. In the case of this worker, there was clear evidence for lumbar radiculopathy which was already known. It is not clear based on the documentation provided why EMG/NCV testing was required or how it would benefit the worker beyond the tests already completed in the past for these same symptoms. Therefore, without a clear indication for the lower extremity EMG/NCV, this testing is not medically necessary at this time.