

Case Number:	CM17-0018054		
Date Assigned:	01/30/2017	Date of Injury:	11/05/2016
Decision Date:	02/23/2017	UR Denial Date:	01/10/2017
Priority:	Standard	Application Received:	01/26/2017

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: 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 injured worker is a 66 year old female, who sustained an industrial-work injury on 11-5-16. A review of the medical records indicates that the injured worker is undergoing treatment for other cervical disc displacement, other intervertebral disc displacement, and lumbar radiculopathy. Medical records dated 12-28-16 Doctors first report of occupational injury indicate that the injured worker complains of low back pain that radiates to the left lower extremity (LLE), bilateral hip pain and neck pain. Per the treating physician report dated 12-28-16 the injured worker is currently off work until 1-28-17. The physical exam reveals slight limp favoring the left, limited and painful motion of the neck and back, positive straight leg raise on the left side and tenderness of the lumbar spine and cervical spine with decreased range of motion. The physician recommended physical therapy, x-ray and Magnetic resonance imaging (MRI) of the lumbar spine and electrodiagnostic testing. The Request for Authorization dated 12-28-16 included MRI of the lumbar spine and electromyogram (EMG)-nerve conduction studies (NCV) of the bilateral upper extremities. There is no previous diagnostic reports noted in the records. The medical records do not reveal any red flags noted by the treating physician or neurological deficits pertaining to the lumbar spine. There is insufficient documentation of neurologic dysfunction, such as deficits in dermatomal sensation, motor strength or reflexes. The Utilization Review on 1-10-17 non-certified the request for MRI of the lumbar spine and electromyogram (EMG)-nerve conduction studies (NCV) of the bilateral upper extremities.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are 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 will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. The medical record fails to document sufficient findings indicative of nerve root compromise which would warrant an MRI of the lumbar spine. Detailed evidence of severe and/or progressive neurological abnormalities has not been documented. There is no presumptive diagnosis of peripheral nerve compression and there is no clear documentation of how this test result will change the treatment plan. At present, based on the records provided, and the evidence-based guideline review, the request is not warranted. MRI of the lumbar spine is not medically necessary.

EMG/NCS of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, and Low Back Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS states that electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Detailed evidence of severe and/or progressive neurological abnormalities has not been documented. The medical record fails to document radicular-type arm symptoms. Guidelines recommend electrodiagnostic studies with documented exam findings indicative or unequivocal evidence of nerve compromise, after failed therapy trials that are in need of clinical clarification. A recent comprehensive conservative treatment protocol trial and failure has not been submitted. The medical record fails to document sufficient findings indicative of nerve root compromise which would warrant an EMG/NCV of the upper extremities. The clinical information submitted for review fails to meet the evidence based guidelines criteria for the requested service. EMG/NCS of the bilateral upper extremities is not medically necessary.

