

Case Number:	CM14-0147203		
Date Assigned:	09/15/2014	Date of Injury:	07/10/2012
Decision Date:	10/22/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/10/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 58 year-old female was reportedly injured on July 10, 2012. The mechanism of injury is noted as slipping fall off of a letter from approximately 3 or steps up. The clinician indicates that the fall resulted in fractures of the rib cage. A kidney and mild confusion also diagnosed on the initial ER visit. The most recent progress note, dated August 27, 2014, indicates that there are ongoing complaints of low back pain. The clinician provides the initial physical examination from July 31, 2014 noting that the physical examination demonstrated no spasm of the lumbar paraspinal muscles. Range of motion is slightly decreased and straight leg raise is positive on the right. The neurologic examination notes normal sensation in both lower extremities and a normal gait. The clinician indicates that "essentially the physical examination is unchanged July 31, 2014." Diagnostic imaging studies include a total body bone scan completed on September 9, 2014 which demonstrated no definite abnormality or increased radiotracer uptake within the skelton to suggest significant arthropathy, or osteoblastic disease including in the lumbar spine. Previous treatment includes a CT scan an MRI of the lumbar spine. Radiology reports for the CT scan MRI have not been provided. The clinician only indicates that there is a lesion seen within the vertebral body of L3. A request had been made for EMGs are lower extremities and a bone scan of the lumbar spine which were not certified in the pre-authorization process on August 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG bilateral lower extremity: Upheld

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

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

Decision rationale: The California MTUS supports the use of electro-diagnostic studies for lower extremities for complaints of ongoing low back pain when imaging is equivocal and there are questions of potential underlying neurologic compromise that may be subtle. Based on the clinical documentation provided, most recent examination noted a positive straight leg raise on the right. The clinician did not provide any current physical examination findings but indicates that there are equivalent to the previous exam performed in July. The clinician fails to indicate any evidence of neurologic dysfunction in the left lower extremity. An MRI report has not been provided, but the clinician indicates that the findings on MRI demonstrated evidence of a lesion within the body of the L3 vertebrae. The clinician makes no mention of nerve root compression or disc herniation. As such, given the unilaterally positive straight leg raise and the normal remaining neurologic examination the request for bilateral lower extremity EMG studies is considered not medically necessary.

Bone Scan-lumbar: Overturned

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

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

Decision rationale: The California MTUS recommends for all acute and sub-acute lumbar spine disorders of bone scans are recommended for one month if there is no improvement in pain for low back disorders. From a clinical standpoint, the clinician has indicated that there is evidence of a lesion within the vertebral body of L3 on MRI. The radiologist report has not been provided. Given the findings on advanced imaging, there is potential question for underlying metastatic disease that has been found incidentally on the imaging studies. As such, further workup is necessary to determine the nature of the lesion. From a clinical perspective this would also include a nuclear bone scan. Given the recommendation of the California MTUS as well as the clinician's document findings on MRI, the request is considered medically necessary.