

<b>Case Number:</b>	CM13-0048925		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/28/2008
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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:

This patient is a 64-year-old male with date of injury of 07/28/2008. The listed diagnoses per [REDACTED] dated 10/08/2013 are: (1) Lumbar musculoligamentous sprain/strain with lower extremity radiculitis and (2) 1- to 2-mm disk bulge at L2-L3 and L4-L5 with left side greater than right neuroforaminal stenosis at L4-L5 per MRI scan, 2009. According to progress report dated 10/08/2013, the patient complains of increased low back pain radiating to left lower extremity. He has had 3 previous sessions of acupuncture treatment but still continues to experience frequent numbness and tingling into his left lower extremity. He reports that he has had one lumbar epidural steroid injection in the past which has decreased his numbness and tingling in his left lower extremity. He is currently taking Neurontin 600 mg 2 times per day. Physical examination shows tenderness to palpation in the lumbar spine with spasm over the paravertebral musculature left sciatic notch greater than lumbosacral junction. Straight leg raising test is positive eliciting paresthesia into the left foot. Range of motion of the lumbar spine is flexion 35 degrees, extension 8 degrees, right side bending 10 degrees, left side bending 12 degrees. There is increased pain in all planes. Sensation is decreased in the left lower extremity along the L5 and S1 nerve roots. The treating physician is requesting an MRI of the lumbar spine and an EMG/NCV of the left lower extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for an MRI of the lumbar spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM.

**Decision rationale:** This patient presents with chronic low back pain radiating to his left lower extremity. The treating physician is requesting an MRI of the lumbar spine. Utilization review dated 10/28/2013 denied the request stating that repeat MRI study should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. ACOEM Guidelines page 177 to 178 list their criteria for ordering imaging studies which include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure. ACOEM further states that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. Review of records show that the patient's last MRI was from 05/15/2009 showing multilevel disk bulges with stenosis and facet changes worse at L3-L4 and L5-S1. Upon further review, it looks like the treating physician went ahead and obtained imaging studies before utilization review denied the request on 10/22/2013. Therefore, the request is for a retrospective MRI for the lumbar spine. The patient appears to have had an extensive conservative care with injections, medications and acupuncture. The patient continues to experience worsening leg and back pain with positive examination findings such as SLR and sensory changes. Given that the last MRI was from 2009, an updated MRI appears reasonable and consistent with the guidelines. Recommendation is for authorization.

**The request for an EMG/NCV of the left lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), EMG Study Section.

**Decision rationale:** The patient presents with chronic low back pain radiating to the left lower extremity. The treating physician is requesting EMG of the left lower extremity. Utilization review dated 10/28/2013 denied the request stating that EMG/NCV studies are not necessary if radiculopathies already clinically obvious. The Official Disability Guidelines (ODG) regarding EMG states "that this systematic review and meta-analyses demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disk herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms EMG/nerve conduction studies often have low combined sensitivity and specificity in confirming root injury and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS." In this case, the treating physician is requesting the EMG/nerve conduction study in order to evaluate for herniated nucleus pulposus and nerve root impingement. ODG does not recommend performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. Therefore, recommendation is for denial.

