

<b>Case Number:</b>	CM14-0001260		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	03/27/2009
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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, has a subspecialty in Pain Management 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 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 claimant is presented with a date of injury of March 27, 2009. A utilization review determination dated December 9, 2013 recommends non-certification for a spinal cord stimulator trial, lumbar MRI, and lower extremity EMG/NCS. Non-certification for a spinal cord stimulator trial was due to pending results from a psychological evaluation. Non-certification for EMG/NCS and MRI is due to lack of documentation of progression or new symptoms. A lumbar spine CT scan performed on January 9, 2014 identifies a surgical fusion at L4-5 and a laminectomy defect at L4-5. There is a posterior disc protrusion and facet hypertrophy at L3-4 and L5-S1. A progress report dated November 7, 2013 states that the patient underwent a decompression and fusion on May 2, 2013 with improvement in the patient's right antalgic lean. The patient is looking forward to attending postoperative physical therapy. He continues to experience moderate lumbar spine pain with intermittent numbness and pain into the left L5 dermatome. The treatment plan indicates that the patient may be a candidate for a spinal cord stimulator trial in the near future. The physical examination identifies reduced muscle strength in bilateral extensor hallucis longus muscles with intermittent lower extremity tingling. The treatment plan recommends an updated lumbar MRI and an updated lower extremity nerve conduction velocity study. The studies are requested since the patient "remains symptomatic months after his most recent surgery. The treatment plan request authorization for a spinal cord stimulator trial, psychological consultation for the spinal cord stimulator trial, lumbar spine MRI, and EMG/NCS of bilateral lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **MRI WITHOUT CONTRAST, 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): 303-304. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004) , OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, LOW BACK COMPLAINTS, 303-304.

**Decision rationale:** Regarding the request for lumbar MRI, MTUS Guidelines state 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 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. The Official Disability Guidelines (ODG) states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Regarding repeat imaging, Official Disability Guidelines: Minnesota state that repeat imaging of the same views of the same body part with the same imaging modality is not indicated except as follows: to diagnose a suspected fracture or suspected dislocation, to monetary therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment, to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings, to evaluate a new episode of injury or exacerbation which in itself would warrant an imaging study, when the treating healthcare provider and a radiologist from a different practice have reviewed a previous imaging study and agree that it is a technically inadequate study. Within the documentation available for review the requesting physician has not identified a significant change in the patient's subjective complaints or objective findings since the most recent MRI. Additionally, it appears the requesting physician would like to repeat these studies since the patient has not improved since surgery in May. However, it does not appear the patient has undergone postoperative physical therapy as of yet. Additionally, it is unclear whether the surgeon feels that the patient has already reached maximum improvement from the surgical procedure performed. Therefore, the request for MRI without contrast, lumbar spine is not medically necessary and appropriate.

## **TRIAL SPINAL CORD STIMULATION: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures

have failed or are contraindicated. MTUS Guidelines support the use of spinal cord stimulators for failed back surgery syndrome, complex regional pain syndrome, neuropathic pain, post amputation pain, and post herpetic neuralgia. MTUS Guidelines recommend psychological evaluation before proceeding with spinal cord stimulator therapy. Within the documentation available for review, it does not appear that all invasive procedures have failed, as the requesting physician is currently asking for additional diagnostic workup and recommending proceeding with physical therapy. Furthermore, there is no documentation that the patient has undergone a successful psychological clearance evaluation. Therefore, the request for a trial of spinal cord stimulation is not medically necessary and appropriate.

**EMG/NCS, 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): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The MTUS Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. The Official Disability Guidelines (ODG) states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review the requesting physician has not identified a significant change in the patient's subjective complaints or objective findings since the most recent electrodiagnostic studies. Additionally, it appears the requesting physician would like to repeat these studies since the patient has not improved since surgery in May. However, it does not appear the patient has undergone postoperative physical therapy as of yet. Additionally, it is unclear whether the surgeon feels that the patient has already reached maximum improvement from the surgical procedure performed. Therefore, the requests for EMG/NCS of the bilateral lower extremities are not medically necessary and appropriate.