MAXIMUS Federal Services

Case Number:	CM14-0009170		
Date Assigned:	02/12/2014	Date of Injury:	10/10/2007
Decision Date:	08/07/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/21/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 41-year-old female who has submitted a claim for cervical facet syndrome, depression with anxiety, lumbar disc disorder, lumbar and lumbosacral fusion of the anterior column, myalgia and myositis, and radiculopathy associated with an industrial injury date of October 10, 2007. Medical records from 2009-2014 were reviewed. The patient complained of low back pain rated 9/10 in severity. The pain radiated into the lower extremities, right more than the left. The pain was described as burning and sharp with muscle stiffness and tingling that radiates down her right leg. Physical examination showed the patient on a slight limp. Tenderness was noted on the right paravertebral muscles. Spinous process tenderness was present on L4-L5. She is restricted in her ability to bend forward from the waist. There was noted 3+ muscle spasm and swelling in the low back and sacrum. Motor strength was 4/5 on the right lower extremity. MRI of the lumbar spine, dated January 27, 2009, revealed unchanged appearance of the lumbar spine with minimal disc desiccation and bulging of the annulus fibrosus seen at the L5-S1. CT of the lumbar spine dated March 5, 2010 revealed L2-L3 mid disc bulge with some flattening of the ventral aspect of the thecal sac, at L3-L4 there is a disc bulge with flattening of the ventral thecal sac with mild encroachment of the upper neural foramen, and at L4-L5 there is a disc bulge with flattening of the ventral thecal sac. EMG/NCS of the bilateral lower extremities, dated April 3, 2010, was within normal limits. Official report of the latter diagnostic study was not available. Treatment to date has included medications, physical therapy, chiropractic care, H-wave, cognitive behavioral psychotherapy, physical therapy, home exercise program, activity modification, bilateral carpal tunnel release, lumbar fusion surgery, and L5-S1 anterior discectomy and total disc replacement. Utilization review, dated December 24, 2013, denied the request for 1 lumbar EMG/NCV study for the lumbar spine and lower extremities because records indicate that the patient had been diagnosed with radiculopathy since 2009, had

prior EMG/NCV in 2010 which was normal, and current exam findings indicated that the patient had a stable neurovascular system with full strength. The request for 1 lumbar CT myelogram was denied because the records do not indicate that the patient had any of the previous requirements for use of CT myelography.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG STUDY OF THE LUMBAR SPINE AND 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.

Decision rationale: According to page 303 of California MTUS ACOEM Low Back Chapter, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In this case, patient complained of low back pain radiating to the lower extremities, more on the right. Physical examination only showed motor strength 4/5 on the right lower extremity. Special orthopedic tests were negative, and reflexes and sensation were normal. EMG/NCS of the bilateral lower extremities, dated April 3, 2010, was within normal limits. There were no worsening of subjective complaints and objective findings that may warrant further investigation by repeating EMG. The medical necessity was not established. Therefore, the request for electromyography (EMG) study of the lumbar spine and lower extremities is not medically necessary.

NCV STUDY OF THE LUMBAR SPINE AND LOWER EXTREMITIES: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Nerve Conduction Studies (NCS).

Decision rationale: The California MTUS does not address NCS specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Nerve Conduction Studies (NCS) was used instead. The Official Disability Guidelines state that the conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. In this case, patient complained of low back pain radiating to the lower extremities, more on the right. Physical examination only showed motor strength 4/5 on the right lower extremity. Special orthopedic tests were negative, and reflexes and sensation were normal. EMG/NCS of the

bilateral lower extremities, dated April 3, 2010, was within normal limits. There were no worsening of subjective complaints and objective findings that may warrant further investigation by repeating NCV. The medical necessity was not established. Therefore, the request for NCV study of the lumbar spine and lower extremities is not medically necessary.

ONE LUMBAR CT MYELOGRAM: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Myelography.

Decision rationale: California MTUS does not address this issue. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG guidelines state that criteria for CT myelography includes MRI unavailable, contraindicated, or inconclusive, or CT-myelogram used as a supplement when visualization of neural structures is required for surgical planning or other specific problem solving. In this case, the patient complained of low back pain radiating to the lower extremities, more on the right. A note dated November 21, 2013 stated that MRI would result in too much metal artifact from the artificial disc replacement; thus a lumbar CT myelogram was requested to rule out any anatomic pathology of lumbar spine. The medical necessity has been established. Therefore, the request for one lumbar CT myelogram is medically necessary.