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| <b>Case Number:</b>   | CM14-0159598 |                              |            |
| <b>Date Assigned:</b> | 10/03/2014   | <b>Date of Injury:</b>       | 09/16/2010 |
| <b>Decision Date:</b> | 12/15/2014   | <b>UR Denial Date:</b>       | 09/18/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/29/2014 |

### 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 Emergency Medicine 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 injured worker is a 44 year-old female, who sustained an injury on September 16, 2010. The mechanism of injury is not noted. Diagnostics have included: 2010 lumbar MRI. Treatments have included: medications, home exercises. The current diagnoses are not noted. The stated purpose of the request for MRI, lumbar spine was not noted. The request for MRI, lumbar spine was denied on September 18, 2014, citing a lack of documentation of progression of neurologic deficit. The stated purpose of the request for EMG/NCV, bilateral lower extremities was not noted. The request for EMG/NCV, bilateral lower extremities was denied on September 18, 2014, citing a lack of documentation of progression of neurologic deficit. Per the report dated August 28, 2014, the treating physician noted no change in pain. Exam findings included an antalgic gait, lumbar pain with decreased range of motion, decreased L5-S1 sensation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI, lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter (Lumbar and Thoracic), MRI (magnetic resonance imaging)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The requested MRI, lumbar spine, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the cervical spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has no change in pain. The treating physician has documented antalgic gait, lumbar pain with decreased range of motion, decreased L5-S1 sensation. The treating physician has not documented the presence of radicular pain, positive straight leg raising tests, deficits in muscle strength or reflexes, nor acute clinical change since the date of the previous lumbar spine MRI. The criteria noted above not having been met, MRI, lumbar spine is not medically necessary.

**EMG/NCV, bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** The requested EMG/NCV, bilateral lower extremities, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, page 303, Special Studies and Diagnostic and Treatment Considerations, note "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." The injured worker has no change in pain. The treating physician has documented antalgic gait, lumbar pain with decreased range of motion, decreased L5-S1 sensation. The treating physician has not documented any acute clinical change, progression of neurologic deficit or how this diagnostic test will alter the treatment plan. The criteria noted above not having been met, EMG/NCV, bilateral lower extremities is not medically necessary.