

<b>Case Number:</b>	CM14-0170163		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	05/09/2003
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 Internal 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:

Spine surgery. Date of injury was 05-09-2003. Magnetic resonance imaging of the lumbar spine with and without contrast performed on 1/27/2012 documented evidence of L4-L5 posterior fusion and laminectomies at the L2-L3, L3-L4, L4-L5, and L5-S1 levels. The laminectomies at L2-L3 and L3-L4 are new as compared to prior. The spinal stenosis at L2-L3 and L3-L4 is improved. There remains bilateral neural foraminal narrowing at L2-L3 and L3-L4. The findings are otherwise unchanged as compared to prior magnetic resonance imaging. Qualified medical evaluation report dated August 7, 2012 documented that the patient who sustained an injury to his back on May 9, 2003. The injury occurred while trying to lift a heavy sheet of metal with a co-worker to place in the back of a pick-up truck. He underwent lumbar fusion on April 26, 2004. Treatment has included epidural injections and medications. He underwent a trial of a spinal cord stimulator on July 16, 2008. The trial did not help and he did not have a permanent one implanted. He underwent another surgery to his lower back on November 21, 2011 involving a laminectomy of L2 and L3. He state that this helped very little with slight relief of some pain in his left leg. He also notes that the original operation on April 26, 2004 did not help much either. He underwent a second trial of a lumbar spinal cord stimulator since his last surgery. This did not help either and no permanent stimulator was placed. L4-5 posterolateral fusion with laminectomy was performed on April 26, 2004. L2 and L3 laminectomy medial facetectomy was performed on November 21, 2011. Spinal cord stimulator trial was performed on July 16, 2008 and in 2011. Diagnoses included posterolateral fusion with pedicle screw fixation and laminectomy at L4-5, bilateral laminectomy at L3-4, and chronic low back pain with bilateral lower extremity radicular symptoms. Primary treating physician's progress report dated 08/12/2014 documented subjective complaints of low back pain. Physical examination was documented. Deep tendon reflexes in the lower extremities are decreased but equal. Lumbosacral

tenderness was noted, and forward flexion was 40 degrees. Strength was diminished in the right lower extremity. Utilization review determination date was 10/2/14.

### **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 Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) MRIs (magnetic resonance imaging)

**Decision rationale:** American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints states that relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false-positive test results). Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308-310) recommends MRI when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. Official Disability Guidelines (ODG) state that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). Medical records document that L4-5 posterolateral fusion with laminectomy was performed on April 26, 2004. L2 and L3 laminectomy medial facetectomy was performed on November 21, 2011. Magnetic resonance imaging of the lumbar spine performed on 1/27/2012 documented evidence of L4-L5 posterior fusion and laminectomies at the L2-L3, L3-L4, L4-L5, and L5-S1 levels, and laminectomies at L2-L3 and L3-L4. The spinal stenosis at L2-L3 and L3-L4 was improved. There remains bilateral neural foraminal narrowing at L2-L3 and L3-L4. The findings are otherwise unchanged as compared to prior magnetic resonance imaging. Primary treating physician's progress report dated 8/12/14 was the latest progress report submitted for review. No acute changes were documented in the 8/12/14 progress report. The medical records do not support a repeat MRI of the lumbar spine. Therefore, the request for MRI Lumbar Spine is not medically necessary.

**EMG/NCV:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Lumbar & Thoracic (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 308-309. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) Low Back, Lumbar & Thoracic (Acute & Chronic) Nerve conduction studies (NCS)

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses electromyography (EMG). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints state that EMG electromyography for clinically obvious radiculopathy is not recommended. Medical Treatment Utilization Schedule (MTUS) does not address nerve conduction studies for low back conditions. Official Disability Guidelines (ODG) Low Back, Lumbar & Thoracic (Acute & Chronic) states that nerve conduction studies (NCS) are not recommended. The Work Loss Data Institute guidelines for the low back states that nerve conduction studies (NCS) are not recommended. Medical records document that L4-5 posterolateral fusion with laminectomy was performed on April 26, 2004. L2 and L3 laminectomy medial facetectomy was performed on November 21, 2011. Magnetic resonance imaging of the lumbar spine performed on 1/27/2012 documented evidence of L4-L5 posterior fusion and laminectomies at the L2-L3, L3-L4, L4-L5, and L5-S1 levels, and laminectomies at L2-L3 and L3-L4. The spinal stenosis at L2-L3 and L3-L4 was improved. There remains bilateral neural foraminal narrowing at L2-L3 and L3-L4. The findings are otherwise unchanged as compared to prior magnetic resonance imaging. Qualified medical evaluation report dated August 7, 2012 documented bilateral lower extremity radicular symptoms. Primary treating physician's progress report dated 08/12/2014 documented lumbosacral radiculitis. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints state that EMG electromyography for clinically obvious radiculopathy is not recommended. Medical records and ACOEM guidelines do not support the medical necessity of EMG electromyography. ODG and Work Loss Data Institute guidelines do not recommend nerve conduction studies. Therefore, the request for EMG/NCV is not medically necessary.