

Case Number:	CM14-0171341		
Date Assigned:	10/23/2014	Date of Injury:	06/05/2008
Decision Date:	12/24/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/16/2014

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 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 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 58-year-old female with a date of injury of 06/05/2008. According to progress report 09/04/2014, the patient continues to have pain in the lumbar spine with bilateral lower extremity numbness, left greater than right. Examination of the lumbar spine revealed tenderness to palpation over the lower lumbar spine and restrictive range of motion secondary to pain. Sensation is slightly decreased to light touch along the left S1 dermatomal distribution. CT scan of the lumbar spine from 07/30/2014 revealed significant bone spur formation, particularly at L5-S1 with left greater than right S1 nerve compression and calcification of the L2-L3 disk. The listed diagnoses are: 1. Status post lumbar fusion surgery with patent fusion from L3-S1, date of surgery 09/24/2009, and revision surgery in 2012.2. Significant foraminal stenosis from bone spur formation at bilateral L5-S1 level. The treater would like to request authorization for the MRI of lumbar spine to see "the exact anatomy and pathology, including the nature of the L2-L3 disk." He also requests EMG and nerve conduction velocity studies of the bilateral lower extremity to "assess for persistent ongoing nerve compression causing her symptoms." Utilization review denied the request on 09/19/2014. Treatment reports from 06/19/2014 through 09/04/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, MRIs (magnetic resonance imaging)

Decision rationale: This patient is status post revision low back surgery at L3-S1 in 2012. The patient continues with back pain with bilateral lower extremity numbness. The current request is for magnetic resonance imaging (MRI) of the lumbar spine. For special diagnostics, American College of Occupational and Environmental Medicine (ACOEM) Guidelines page 303 states "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." For this patient's now chronic condition with radicular symptoms and weakness, Official Disability Guidelines (ODG) guidelines provide a good discussion. ODG under its low back chapter recommends obtaining an MRI for uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. The patient under when a computed tomography (CT) scan on 07/30/2014, which revealed "good position of hardware." Significant bone spur formation particularly at the L5-S1 and calcification at L2-L3 was documented. In this case, although the CT scan showed good position of the hardware, it appears the patient has not had an MRI of the lumbar spine following the revision surgery in 2012. The patient presents with continued severe pain with radicular components and examination findings reveal neurological changes are present. Given such findings, an MRI for further investigation is reasonable. Treatment is medically necessary and appropriate.

EMG/NCV, bilateral lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Electrodiagnostic Studies

Decision rationale: This patient is status post revision low back surgery at L3-S1 in 2012. This patient presents with continued low back pain with bilateral lower extremity numbness. The current request is for EMG/NCV, bilateral lower extremities. Utilization review denied the request stating that the patient has ongoing long-term pain and there is no indication that physical examination findings have changed in nature. ACOEM Guidelines page 303 allows for EMG studies with H-reflex test to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. ODG guidelines have the following regarding EMG studies, "EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy

is already clinically obvious." There is no indication that prior EMG/NCV testing has been provided. Given the patient's continued complaints of pain and neurological examination findings, further diagnostic testing may be useful to obtain unequivocal evidence of radiculopathy. Recommendation is for authorization.