

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0021652 |                              |            |
| <b>Date Assigned:</b> | 05/05/2014   | <b>Date of Injury:</b>       | 07/04/2012 |
| <b>Decision Date:</b> | 07/09/2014   | <b>UR Denial Date:</b>       | 02/04/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/20/2014 |

### 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 Medicine and is licensed to practice in Texas. 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 35 year old male who reported an injury on 07/04/2012. The mechanism of injury was reported as lifting cones into the back of a truck. The diagnoses included lumbar spine sprain/strain with a right disc protrusion at L4-5. Per the 11/13/2013 progress report, the injured worker reported right sided low back pain with lower extremity numbness and tingling. The injured worker reported some benefit from 6 sessions of acupuncture. A positive straight leg raise was demonstrated on the right. An EMG/NCV performed 12/05/2013 was noted to show findings consistent with right S1 lumbar radiculopathy and no evidence of generalized peripheral neuropathy. An unofficial MRI of the lumbar spine performed 12/24/2013 was noted to show a mild bulging disc at L5-S1 abutting the descending right S1 nerve roots and no significant neural foraminal narrowing. Per the 01/08/2014 progress report, the injured worker reported 2 lumbar epidural steroid injections were helpful, however some residual numbness in the right lower extremity remained. The request for authorization form for a lumbar spine MRI and electrodiagnostic studies of the right lower extremity was submitted on 01/09/2014.

### 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:** 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): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRIs (magnetic resonance imaging).

**Decision rationale:** ACOEM states 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. The Official Disability Guidelines further state, repeat MRIs are not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The medical records provided indicate an MRI of the lumbar spine was performed on 12/24/2013 and that the injured worker declined surgery. The rationale for requesting a repeat MRI was not provided. There is no indication of a significant change in symptoms or findings suggestive of significant pathology to warrant a repeat MRI. As such, the request for MRI of the Lumbar Spine is not medically necessary.

**ELECTROMYOGRAPHY (EMG) ON THE RIGHT LOWER EXTREMITY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Back.

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

**Decision rationale:** ACOEM states electromyography, including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The Official Disability Guidelines further state, EMGs are recommended as an option to obtain unequivocal evidence of radiculopathy, after 1-month of conservative care, but EMGs are not necessary if radiculopathy is already clinically obvious. The medical records provided indicate an EMG was performed 12/05/2013. The results of that study noted findings consistent with right S1 radiculopathy. The rationale for a repeat EMG was not provided. There is no indication of a significant change in symptoms that would warrant a repeat study; therefore, the medical necessity for a repeat EMG was not established. As such, the request is not medically necessary.

**NCS ON THE RIGHT LOWER EXTREMITY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Back.

**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, Nerve conduction studies (NCS).

**Decision rationale:** The Official Disability Guidelines do not recommend nerve conduction studies (NCS) for low back conditions. There is minimal justification for performing nerve

conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The medical records provided indicate an NCS was performed 12/05/2013. The rationale for requesting a repeat NCS was not provided. Nonetheless, nerve conduction studies for low back conditions are not supported by guidelines. As such, the request is not medically necessary.