

<b>Case Number:</b>	CM14-0025106		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	02/14/1999
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 Neurology 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 (IW) is a 59 year old male with a reported date of injury of 2/14/1999. The mechanism of injury is not provided. The physical examination is notable for a positive straight leg raise on the right side. The IW also demonstrates decreased sensation on the lateral aspect of the feet bilaterally to pinprick addition to absent reflexes bilaterally. An MRI of the lumbar spine date 02/28/13 reveals a 3-4 mm posterior disc bulge posterior at L4-L5 resulting in moderate left and moderate to severe right neural foraminal narrowing in conjunction with facet joint hypertrophy. There is also a 3-4 mm posterior disc bulge at L5-S1 resulting in moderate right and moderate to severe left neural foraminal narrowing in conjunction with facet joint hypertrophy. There are diffuse spondylotic changes noted in the lumbar spine without evidence of spondylosis or spondylolisthesis. There are no previous treatment plans regarding physical therapy or other conservative treatments provided. In addition, there is no psychosocial assessment reports provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PAIN MANAGEMENT CONSULT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304 and 305.

**Decision rationale:** Although the request is for a Pain management consultation, the original request was for pain management to do a CT discography at the L3-L4, L4-L5, and L5-S1 levels. The MTUS has clear criteria for the use of CT discography as stated on page 305. Although the IW has had back pain for greater than three months (in this case more than 15 years) and may be a candidate for surgery, there is no evidence he has undergone conservative treatment in the documentation provided. In addition there is no report of any psychosocial assessment for the IW. Since the request for the pain management consult documentation provided is only to perform the aforementioned procedure and not a request for a pain management plan, it is not medically necessary.

**NEUROLOGY CONSULT:** 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): Table 12-8 p. 309.

**Decision rationale:** The Summary of Evidence and recommendations for the management of low back complaints contained in the MTUS does not recommend and obtaining and EMG for a clinically obvious radiculopathy. In this particular case, the IW does demonstrate a radiculopathy at the S1 level bilaterally with sensory loss in the S1 dermatome in addition to the loss of the Achilles reflex. Since an EMG is performed at the same time as a Nerve Conduction Study, both studies are not medically necessary. The request for a Neurology consult is also not medically necessary as a Neurologist would only be needed in this case to perform and interpret the electrodiagnostic testing.

**EMG OF 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): Table 12-8 p. 309.

**Decision rationale:** The Summary of Evidence and recommendations for the management of low back complaints contained in the MTUS does not recommend and obtaining and EMG for a clinically obvious radiculopathy. In this particular case, the IW does demonstrate a radiculopathy at the S1 level bilaterally with sensory loss in the S1 dermatome in addition to the loss of the Achilles reflex. Therefore, the request for an EMG of lower extremities is not medically necessary.

**NCV OF 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): Table 12-8 p. 309.

**Decision rationale:** The Summary of Evidence and recommendations for the management of low back complaints contained in the MTUS does not recommend and obtaining and EMG for a clinically obvious radiculopathy. In this particular case, the IW does demonstrate a radiculopathy at the S1 level bilaterally with sensory loss in the S1 dermatome in addition to the loss of the Achilles reflex. Therefore, the request for an NCV of lower extremities is not medically necessary.

**CT DISCOGRAM L2-L3, L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304 and 305.

**Decision rationale:** Although the request is for a Pain management consultation, the original request was for pain management to do a CT discography at the L3-L4, L4-L5, and L5-S1 levels. The MTUS has clear criteria for the use of CT discography as stated on page 305. Although the IW has had back pain for greater than three months (in this case more than 15 years) and may be a candidate for surgery, there is no evidence he has undergone conservative treatment in the documentation provided. In addition there is no report of any psychosocial assessment for the IW. Since the request for the pain management consult documentation provided is only to perform the aforementioned procedure and not a request for a pain management plan, it is not medically necessary.