

<b>Case Number:</b>	CM14-0034959		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	06/21/2010
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 21, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated February 27, 2014, the claims administrator denied a request for diagnostic testing of the right lower extremity and CT scanning of the lumbar spine. Non-ODG Guidelines were cited to deny the CT of the lumbar spine, although the MTUS did address the topic. The applicant's attorney subsequently appealed. In a progress note dated March 14, 2014, the applicant presented with low back pain radiating into the right leg. The applicant had numbness and dysesthesias present about the foot. It was stated that the applicant was status post earlier L5-S1 lumbar anterior interbody fusion surgery. The attending provider stated he was ordering a CT scan to evaluate the integrity of the fusion as well as any possible postoperative complications and electrodiagnostic testing to help determine if there was a residual radiculopathy evident. In a handwritten progress note dated February 24, 2014, difficult to follow, not entirely legible, the applicant presented with persistent complaints of low back pain with right foot numbness and dysesthesias present. The applicant was quite anxious. The applicant exhibited sensory loss about the foot. The applicant was given a prescription for Lyrica. Electrodiagnostic testing was sought. The applicant was placed off of work, on total temporary disability. An earlier CT scan of September 5, 2013 was notable for evidence that the applicant had had an earlier L5-S1 hemilaminectomy. A rod and screw was in place at L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography for right foot numbness and burning.:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines: Chapter Low Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** As noted in the ACOEM Guidelines in Chapter 12, Table 12-8, page 309, EMG testing is "recommended" to clarify diagnosis of suspected nerve root dysfunction. In this case, the applicant does have residual radicular complaints following earlier lumbar fusion surgery. There are associated numbness and dysesthesias about the right leg on exam. EMG testing to clarify the extent of the same is indicated. Therefore, the request is medically necessary.

**Nerve conduction studies fro numbness and pain in the right foot.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines: Chapter Low Back.

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

**Decision rationale:** As noted in the Third Edition ACOEM Guideline Low Back Chapter Electromyography section, nerve conduction studies are usually normal in radiculopathy. Nerve conduction testing, however, can be helpful to establish a related diagnosis such as peroneal compression neuropathy or generalized peripheral neuropathy which could mimic sciatica. In this case, however, there was no clearly voiced suspicion of generalized peripheral neuropathy or peroneal compression neuropathy present here. There was no mention of any systemic disease process such as diabetes, hypothyroidism, etc. which could predispose the applicant toward development of a lower extremity peripheral neuropathy. As noted previously, the attending provider's documentation was sparse, handwritten, difficult to follow, and not entirely legible. Therefore, the request is not medically necessary.

**CT scan of the lumbar spine without contrast.:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines: Chapter Low Back.

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

**Decision rationale:** As noted in the ACOEM Guidelines in Chapter 12, page 303, CT scanning of the chest is the choice for evaluation of bony structures. In this case, the attending provider has posited that the applicant's earlier lumbar fusion was unsuccessful in that the applicant may have some issues associated with incomplete consolidation of said fusion. CT scanning is, per ACOEM, the test of choice to evaluate the integrity of bony structures and, by implication, the fusion procedure which transpired here. Therefore, the request is medically necessary.