

Case Number:	CM14-0038818		
Date Assigned:	06/27/2014	Date of Injury:	07/15/2011
Decision Date:	09/29/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/02/2014

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 Orthopedic Surgery 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 52 year old female who sustained an industrial injury on 07/15/2011. She is status post L3-5 lumbar laminectomy and discectomy on 8/26/2013. She attended 16 postoperative PT and noted some improvement, but still had difficulties and limitations. An EMG/NCV of the bilateral lower extremities on 2/29/2012 was negative. An EMG/NCV of the bilateral lower extremities on 9/25/2012 suggested probable early polyneuropathy. A QME Re-evaluation was performed on 1/8/2014. The patient has lower back pain rated 6-7/10 at worst. Back pain is constant. She has right lower extremity pain rated 6-7/10, which is present 3 days/week for about 15 minutes with associated numbness. She gets relief from medications and rest. She has remained off work. She takes Norco and Omeprazole. On physical examination, the patient ambulates with a normal gait, she has a well-healed incision, tenderness at L4-S1, paralumbar muscle guarding on the right and tenderness over the right sciatic notch. Lumbar ROM is minimal in all planes. Motor strength is 5/5, sensation decreased in the entire right lower extremity, and reflexes 1/4 bilaterally. Sitting SLR is 90 degrees bilaterally, lasague is negative bilaterally, supine SLR 30 degrees on the right with guarding and 50 degrees on the left with guarding. Measurements of the lower extremities is symmetrical. The QME diagnoses are lumbosacral sprain/strain; L4-5 disc herniation; status post lumbar surgery, r/o recurrent L5 nerve root compression on the right; and Waddell sign. The QME recommends obtaining electrodiagnostic studies of the lower extremities. Because of her Waddell sign of complete stocking-like numbness in the right lower extremity, it is not possible for him to determine on physical examination whether there is evidence of radiculopathy. The patient had a PTP follow up on 2/3/2014. She reports pain rated 5-7/10, in the right more than left lumbar spine with occasional radiation to the right lateral thigh to lateral aspect of the foot. There is frequent tingling/numbness on the lateral more than dorsomedial aspect of the right foot only. She has

mild weakness, no giving away, and has not fallen. She feels the same before and after the surgery. She describes limited function due to pain. On physical examination, lumbar ROM is limited in all planes, sensation is intact, motor strength normal and symmetrical, and SLR positive on the right. Recommendation is for return to physical therapy 2x8 and lumbar CT myelogram. She is TTD.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine with or without gadolinium: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-303.

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

Decision rationale: According to the ACOEM guidelines, the criteria for ordering imaging studies are: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; and Clarification of the anatomy prior to an invasive procedure. The medical records do not establish progressive neurological deficit, there is no evidence of an emergence of a red flag, and the patient is not pending invasive procedure. According to the medical records, prior diagnostic studies including MRI and EMG/NCV studies have been performed. The ODG states repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation), which has not been revealed in this case. Given the patient's normal neurological examination, an updated MRI study of the lumbar spine is not indicated.

Electromyography (EMG) studies of bilateral lower extremities: 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.

Decision rationale: According to the guidelines, following a course of conservative therapy, an EMG study may be useful to obtain unequivocal evidence of radiculopathy. However, the patient has normal neurological examination. An EMG/NCV study has been performed in the past, and there is lack of clinical findings that suggest radiculopathy as to warrant repeat EMG studies of the lower extremities. The medical records do not establish that there has been any significant change in clinical findings. An EMG study is not medically indicated.

Nerve Conduction Study (NCS) studies of bilateral lower extremities: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Nerve Conduction Studies (NCS).

Decision rationale: The CA MTUS/ACOEM and Official Disability Guidelines suggest EMG may be useful for evaluation of subtle focal neurologic dysfunction in patients with low back symptoms, not NCV. An EMG/NCV study has been requested to reevaluate for lumbar radiculopathy. According to the Official Disability Guidelines, Nerve conduction studies (NCS) is not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Furthermore, the patient's examination revealed no motor strength, sensation, or reflexes changes throughout the bilateral lower extremities. The medical necessity of an NCV of the lower extremities has not been established.

LSO Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar supports.

Decision rationale: The patient is 3+ years postdate of injury and 1 year s/p lumbar surgery. According to the guidelines, there is no evidence to substantiate back supports are effective in preventing back pain. These devices have not been shown to have any lasting benefit beyond the acute phase of symptom relief. A lumbar support is not recommended under the guidelines. At this juncture, the use of devices such as lumbar support should be avoided, as these have not been shown to provide any notable benefit, and prolonged use has potential to encourage weakness, stiffness and atrophy of the paraspinal musculature. Based on the CA MTUS/ACOEM and Official Disability Guidelines and the clinical documentation stated above, the request for a LSO brace is not medically necessary.