

<b>Case Number:</b>	CM14-0041282		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	09/30/2009
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 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 64 year old male who reported an injury to his low back. The clinical note dated 12/05/13 indicates the injured worker complaining of low back pain. Upon examination, tenderness and pain were identified at the back and left knee. The injured worker rated the pain as 7-8/10 at that time. The note indicates the injured worker utilizing Hydrocodone for pain relief. The clinical note dated 12/05/13 indicates the injured worker ambulating with an affected gait. The clinical note dated 03/18/14 indicates the injured worker complaining of pain and numbness radiating to the calf muscle from the low back. The note indicates the injured worker having previously undergone a decompression at L2-3 and L3-4, as well as a decompression and fusion at L5-S1 in August of 2012. The injured worker did describe weakness at the left knee secondary to the pain. Upon examination, reflexes were absent at both ankles as well as the left knee. The MRI of the lumbar spine dated 04/08/14 revealed spondylosis at L2-3 with mild to moderate findings at L3-4. A disc herniation was also identified at L2-3 causing severe narrowing of the right neuroforamen and impinging on the right L2 nerve root. The utilization review dated 07/07/14 resulted in denials for a Spect scan of the lumbar and pelvis regions as well as a computed tomography (CT) myelogram and an electromyography (EMG) study of the lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar CT myelogram with flexion-extension view in sagittal and coronal reconstructions.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disabilities Guidelines (ODG) Contents, Treatment Guidelines, 19th edition [2014 web] Lumbar Spine, myelography/CT Myelography.

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

**Decision rationale:** The request for a lumbar CT myelogram with flexion and extension views in the sagittal and coronal reconstructions is not medically necessary. The documentation indicates the injured worker complaining of ongoing low back pain. The submitted documentation indicates the injured worker having recently undergone an MRI which revealed significant findings at the L2-3 and L3-4 levels. A repeat imaging study indicated for injured workers who have demonstrated significant changes in the symptomology or new pathology has been discovered by clinical exam. No information was submitted regarding the injured worker's significant changes in the symptomology. Additionally, no new pathology has been identified. Given these findings, the request is not medically necessary.

**Nuclear bone SPECT (single photon emission computed tomography) scan of lumbar.:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines (ODG), Contents, Treatment Guidelines, 19th edition [2014 web] Lumbar Spine, SPECT (single photon emission computed tomography).

**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 Chapter, SPECT (single photon emission computed tomography).

**Decision rationale:** The use of single photon emission computed tomography (SPECT) scan in order to address low back pain is not currently supported by recent clinical trials. Given that no recent high quality studies have been published in peer reviewed literature supporting the use of SPECT scans, it is therefore not medically necessary.

**Electromyography (EMG) bilateral 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): 303.

**Decision rationale:** An EMG is indicated for injured workers who have demonstrated significant neurologic deficits following a full course of conservative therapy. There is an indication the

injured worker is showing reflex deficits in the lower extremities. However, no information was submitted regarding the injured worker's recent completion of any conservative therapies. Therefore, this request is not medically necessary.

**Nerve Conduction Studies (NCS) 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 Disabilities Guidelines (ODG), Contents, Treatment Guidelines, 19th edition [2014 web] Low Back Section - Nerve Conduction Studies (NCS).

**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 Chapter, Nerve conduction studies (NCS).

**Decision rationale:** There is minimal justification for performing nerve conduction studies when the injured worker is presumed to have symptoms on the basis of radiculopathy. Given the identified reflex deficits in the lower extremities, it appears the injured worker has been identified as having symptoms associated with radiculopathy. Therefore, this request is not medically necessary.

**Nuclear bone SPECT (single photon emission computed tomography) scan of pelvis: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines (ODG), Contents, Treatment Guidelines, 19th edition [2014 web] Lumbar Spine, SPECT (single photon emission computed tomography).

**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 Chapter, SPECT (single photon emission computed tomography).

**Decision rationale:** The use of single photon emission computed tomography (SPECT) scan in order to address low back pain is not currently supported by recent clinical trials. Given that no recent high quality studies have been published in peer reviewed literature supporting the use of SPECT scans, it is therefore not medically necessary.