

<b>Case Number:</b>	CM14-0041784		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	08/14/2004
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	03/19/2014
<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 & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 43-year-old female with a date of injury of August 14, 2004. The listed diagnoses per [REDACTED] are: 1. Failed back surgery syndrome, lumbar; 2. Lumbar post-laminectomy syndrome; 3. Lumbar radiculopathy; 4. Gastroesophageal reflux disorder; 5. Insomnia; 6. Medication-related dyspepsia; 7. Chronic pain; and 8. Chronic nausea. The medical file provided for review includes four progress reports all dated after the utilization review. According to progress report dated March 06, 2014, the patient complains of low back and neck pain. Examination of the lumbar spine revealed spasm in the bilateral paraspinous musculature. Tenderness was noted upon palpation in the spinal vertebral area L4 to S1 levels. Range of motion was moderately limited secondary to pain. Pain was significantly increased with flexion and extension. The report dated April 23, 2014 states that the patient has low back pain that radiates into the right lower extremity. An MRI of the lumbar spine from February 28, 2010 revealed 3-4mm disc protrusion with right sided central nerve root compromise. The reports dated June 6, 2014 and June 24, 2014 are essentially the same as report April 23, 2014. The utilization review states that this is a request for an MRI lumbar spine & bilateral lower extremity, EMG/NCV, gym membership, TENS unit, and exercise kit. Utilization review denied the requests on March 19, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (lumbar spine): Upheld**

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

**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 Chapter, MRI.

**Decision rationale:** This patient is status post lumbar microdiscectomy in 2008 with continued low back pain. The request is for an MRI of the lumbar spine. For special diagnostics, the ACOEM Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. For this patient's now chronic condition with radicular symptoms, the Official Disability Guidelines (ODG) provides a good discussion. The ODG recommends obtaining an MRI for uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. The report dated March 26, 2014 references an MRI of the lumbar spine from February 28, 2010, which revealed 3- to 4-mm posterior disk protrusion at L5-S1 with right-sided central nerve root and peripheral nerve root compromise. In this case, the treating physician is requesting an updated MRI without providing a rationale. Examination findings do not confirm neurologic deficits such as weakness, reflex changes, etc. Furthermore, there are no discussions of red flags or new location of symptoms to require additional investigation. Therefore, the request is not medically necessary.

**MRI (bilateral lower extremities):** Upheld

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

**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 Chapter, MRI.

**Decision rationale:** This patient is status post lumbar microdiscectomy in 2008 with continued low back pain. The request is for an MRI scan of the lower extremities. For special diagnostics, the ACOEM Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. For this patient's now chronic condition with radicular symptoms, the Official Disability Guidelines (ODG) provides a good discussion. The ODG recommends obtaining an MRI for uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. The report dated March 26, 2014 references an MRI of the lumbar spine from February

28, 2010, which revealed 3- to 4-mm posterior disk protrusion at L5-S1 with right-sided central nerve root and peripheral nerve root compromise. In this case, the treating physician is requesting an updated MRI without providing a rationale. Examination findings do not confirm neurologic deficits such as weakness, reflex changes, etc. Furthermore, there are no discussions of red flags or new location of symptoms to require additional investigation. Therefore, the request is not medically necessary.

**Electromyography (EMG, of the lumbar spine): Overturned**

**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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, EMG Studies.

**Decision rationale:** This patient is status post lumbar microdiscectomy in 2008 with continued low back pain. The request is for an EMG of the lumbar spine. Utilization review denied the request stating that there is no detailed evidence of recent conservative non-operative treatments that have been trialed and failed. The ACOEM Practice Guidelines states that electromyography (EMG), including H-reflex test, may be useful to identify subtle, focal neurologic dysfunction in patients with low back pain symptoms lasting more than 3 or 4 weeks. The Official Disability Guidelines states that EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Review of the medical file does not indicate that the patient has had an EMG in the past. Given the patient's continued low back pain and radiating symptoms, an EMG would be indicated and supported by the ACOEM Practice Guidelines. Therefore, the request is medically necessary.

**Nerve Conduction Velocity (NCV, of the lumbar spine): Upheld**

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

**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, NCV studies.

**Decision rationale:** This patient is status post lumbar microdiscectomy in 2008 with continued low back pain. The request is for a nerve conduction study of the lumbar spine/lower extremity. Utilization review denied the request stating that there is no detailed evidence of recent conservative non-operative treatments that have been trialed and failed. The California MTUS Guidelines and the ACOEM Practice Guidelines do not discuss NCS. However, the Official Disability Guidelines do not recommend NCV studies. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This systematic review and meta-analysis demonstrate that neurological testing

procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. Concerning NCV studies, the Official Disability Guidelines states that nerve conduction studies (NCS) are not recommended for low back conditions. This presents with low back pain and the treating physician does not raise any suspicion for peripheral neuropathy, plexopathy or other neuropathies other than radicular symptoms to consider NCV studies. Therefore, the request is not medically necessary.

**One-Year Gym Membership: 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), Low Back Chapter, Gym Memberships

**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, Gym Membership.

**Decision rationale:** This patient is status post lumbar microdiscectomy in 2008 with continued low back pain. The treating physician is requesting a 1-year gym membership. Regarding gym memberships, the Official Disability Guidelines only allow gym memberships in cases where documented home exercise program with periodic assessment and revision have not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. In this case, the Official Disability Guidelines does not support one type of exercise over another. Treating physician does not discuss the need for special equipment and it is not known how the patient will be monitored by a medical professional. Therefore, the request is not medically necessary.

**Home Transcutaneous Electrical Nerve Stimulation (TENS) Unit: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of TENS Page(s): 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116.

**Decision rationale:** This patient is status post lumbar microdiscectomy in 2008 with continued low back pain. The treating physician is requesting a transcutaneous electrical nerve stimulation (TENS) unit. Utilization review denied the request stating that there is no evidence of intractable pain. According to the Chronic Pain Medical Treatment Guidelines, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality but a one-month home-based trial may be considered for specific diagnosis of neuropathy, complex regional pain syndrome (CRPS), spasticity, phantom-limb pain, and multiple scoliosis. When a TENS unit is indicated a 30-day home trial is recommended and with documentation of function improvement, additional usage may be indicated. In this case, the treating physician is requesting a TENS unit, but does not document a successful home one-month trial. Therefore, the request is not medically necessary.

**Lumbar Exercise Kit (including ball and band): Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic Chapter, Aerobic Exercise.

**Decision rationale:** This patient is status post lumbar microdiscectomy in 2008 with continued low back pain. The treating physician is requesting a lumbar exercise kit, which includes a ball and band. The ACOEM Practice Guidelines recommends low stress aerobic exercise. The California MTUS Guidelines and the Official Disability Guidelines strongly support exercise program for chronic low back pain. The requested ball and band would appear reasonable to aid the patient's exercise program at home. Therefore, the request is medically necessary.

**Electromyography (EMG, of the bilateral lower extremities): Overturned**

**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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, EMG Studies.

**Decision rationale:** This patient is status post lumbar microdiscectomy in 2008 with continued low back pain. The request is for an EMG of the lumbar spine. Utilization review denied the request stating that there is no detailed evidence of recent conservative non-operative treatments that have been trialed and failed. ACOEM Practice Guidelines states that electromyography (EMG), including H-reflex test, may be useful to identify subtle, focal neurologic dysfunction in patients with low back pain symptoms lasting more than 3 or 4 weeks. The Official Disability Guidelines states that EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Review of the medical file does not indicate that the patient has had an EMG in the past. Given the patient's continued low back pain and radiating symptoms, an EMG would be indicated and supported by ACOEM Practice Guidelines. Therefore, the request is medically necessary.

**Nerve Conduction Velocity (NCV, of the bilateral lower extremities): Upheld**

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

**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, NCV studies.

**Decision rationale:** This patient is status post lumbar microdiscectomy in 2008 with continued low back pain. The request is for a Nerve conduction study of the lumbar spine/lower extremity. Utilization review denied the request stating that there is no detailed evidence of recent conservative non-operative treatments that have been trialed and failed. The California MTUS Guidelines and the ACOEM Practice Guidelines do not discuss NCS. However, the Official Disability Guidelines do not recommend NCV studies. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. Concerning NCV studies, The Official Disability Guidelines states that nerve conduction studies (NCS) are not recommended for low back conditions. This presents with low back pain and the treating physician does not raise any suspicion for peripheral neuropathy, plexopathy or other neuropathies other than radicular symptoms to consider NCV studies. Therefore, the request is not medically necessary.