

<b>Case Number:</b>	CM14-0061249		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	01/04/2014
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 24-year-old male with a 1/4/14 date of injury. The mechanism of injury was due to an on-the-job injury as a result of repetitive work activities. He experienced lower back, right wrist/hand, and anxiety/depression problems. According to the most recent progress report dated 4/25/14, the patient complained of low back pain with radiculopathy to the right thigh and some numbness. His pain control is by way of narcotics at this time and his medications were helpful. Recently he was seen in the ER with severe pack pain and couldn't move. Objective findings: forward flexion with pain, unable to backward extend due to pain, some tenderness of the lower lumbosacral muscles, limited twisting due to shooting pain in the back. Diagnostic impression: lumbar radiculopathy, degenerative disc disease, lumbar facet arthropathy. An MRI dated 2/5/14 revealed mild desiccation of L3, L4, L4-L5 and L5-S1. All three discs show mild central bulge with slight thecal sac effacement. All three levels show mild to moderated increased facet signal. No frank disc herniation is identified. No neuroforaminal encroachment is identified. The spinal cord shows normal signal. An MRI dated 5/20/14 revealed posterior annular fissure with central 3 mm disc protrusion at L5-S1 and mild circumferentially bulging discs with disc desiccation at L3-4 and L4-5 likely contribute to back pain, central L5-S1 disc protrusion abuts the descending left S1 nerve roots without displacement or impingement, mild left L4-5 neural foraminal narrowing. X-rays were last taken in January, 2014 but the report was not provided for review. Treatment to date: medication management, activity modification, injections, chiropractic treatment. A UR decision dated 4/28/14 denied the requests for EMG LE, Repeat MRI LS, and X-Rays Pelvis. Regarding EMG LE, without evidence of neuropathy, the EMG is not medically necessary. Further, legible documentation is necessary to certify this request. Regarding MRI, the patient had an MRI of the lumbar spine in February, 2014. The only new finding has been a complaint of erectile dysfunction. The reason given for the request is that the

results of the previous MRI are not available. If the results of the previous MRI are permanently unavailable, recommend resubmission with such documentation. Regarding X-Rays, with a diagnosis of lumbar strain and no documentation of trauma, X-ray of the pelvis is not medically necessary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**EMG LE:** 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,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter EMG/NCV.

**Decision rationale:** CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states that EMGs 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. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. The patient has already been diagnosed with lumbar radiculopathy. In addition, there is no documentation that the patient has failed conservative therapy. There is documentation that medications help his pain. Therefore, the request for EMG LE was not medically necessary.

**Repeat MRI LS:** 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): 303-304,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter - MRI.

**Decision rationale:** CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. There is no documentation that the patient has failed conservative therapy. In addition, the patient had an MRI performed on 2/5/14 and 5/20/14, without documentation of any significant changes in the patient's condition. The patient's prior x-ray was not provided for review. In addition, there was no documentation of specific nerve compromise on the neurologic examination. In fact, according to the progress notes reviewed, the patient's sensation was intact to light touch and pinprick in all dermatomes of the bilateral lower

extremities. He denied numbness or tingling of the lower extremities. Therefore, the request for Repeat MRI LS was not medically necessary.

**X-ray pelvis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter.

**Decision rationale:** CA MTUS does not address this issue. According to ODG guidelines, pelvic x-rays are recommended. Plain radiographs (X-Rays) of the pelvis should routinely be obtained in patients sustaining a severe injury. X-Rays are also valuable for identifying patients with a high risk of the development of hip osteoarthritis. X-rays were last performed in 1/2014. There was no documentation of any pelvic complaints in the reports reviewed. It is unclear why a pelvic x-ray is being requested at this time. Therefore, the request for X-ray pelvis was not medically necessary.