

<b>Case Number:</b>	CM14-0070969		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	01/27/2014
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 certificate in Pain Management 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:

This is a 41-year-old male with a 1/27/2014 date of injury. When he was holding a hose while fighting a fire, someone behind him pulled the hose. He held the hose over his right shoulder and was pulled from behind causing him to lose his balance. He took approximately three steps backward trying to catch himself and felt a popping in his lumbar spine. A 5/1/14 determination was non-certified given lack of a rationale of the need for a full series of x-rays, and no neurological exam to see if lumbar radiculopathy is in question. The 4/14/14 medical report by [REDACTED] identified ongoing pain and numbness that radiates into the right lower extremity to the level of the knee. Exam revealed tenderness to palpation at L4-5 and L5-S1. Recommendations included x-rays, EMG/NCV of the lower extremities, activity modification, and medications. The 3/19/14 progress report by [REDACTED] identified that the patient was unable to walk more than 10-15' due to low back pain and intermittent left leg pain, and occasionally right leg, that went just to the sides of his feet, not the toes. The 3/11/14 PM&R consultation by [REDACTED] identified low back pain with radiation to the left lower extremity and some on the right lower extremity that was inconsistent. Exam revealed 4/5 left knee extension, absent ankle reflex bilaterally, and difficulty with toe walking in the right lower extremity. There are reported x-rays including AP, lateral, spot, and bilateral oblique views of the lumbar spine that revealed grade I anterolisthesis of L5 on S1. There was suggestion of a pars interarticularis defect at L5, on the LPO view. The 2/14/14 lumbar spine MRI report revealed 6mm of anterolisthesis of L5 on S1. Possible pars articularis defect at L5 should be correlated with dedicated lumbar spine series with oblique images to evaluate fully the pars interarticularis. The right asymmetric degenerative change with impaction of the right exiting nerve root, with the left nerve root approached but not definitively touched by disc material. The 1/27/14 lumbar spine x-rays (AP and lateral) identify L5 spondylolysis with grade I spondylolisthesis and associated degenerative disk disease.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **X-rays of the lumbar spine (full series): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter Radiography (x-rays) Not recommend routine x-rays in the absence of red flags. (See indications list below.) Lumbar spine radiography should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. Indications for imaging Plain X-rays: Thoracic spine trauma: severe trauma, pain, no neurological deficit. Thoracic spine trauma: with neurological deficit. Lumbar spine trauma (a serious bodily injury): pain, tenderness. Lumbar spine trauma: trauma, neurological deficit. Lumbar spine trauma: seat belt (chance) fracture. Uncomplicated low back pain, trauma, steroids, osteoporosis, over 70. Uncomplicated low back pain, suspicion of cancer, infection. Myelopathy (neurological deficit related to the spinal cord), traumatic. Myelopathy, painful. Myelopathy, sudden onset. Myelopathy, infectious disease patient. Myelopathy, oncology patient. Post-surgery: evaluate status of fusion.

**Decision rationale:** CA MTUS and ODG states that lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. The 4/14/14 medical report identified a request for a full series of lumbar x-rays. The MRI report revealed 6mm of anterolisthesis of L5 on S1 and possible pars interarticularis defect at L5 that should be correlated with a dedicated lumbar spine series with oblique images to evaluate fully the pars interarticularis. However, the PM&R report from March identified that x-rays including AP, lateral, spot, and bilateral oblique views of the lumbar spine revealed grade I anterolisthesis of L5 on S1. There was suggestion of a pars interarticularis defect at L5, on the LPO view. Considering that a full series of lumbar x-rays had been performed following the recommendation given by the MRI report, there was no indication for the necessity of additional radiographs. The medical necessity was not substantiated.

### **EMG of the bilateral lower extremities: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- EMG, electrodiagnostic testing.

**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)ODG states that electrodiagnostic studies are recommended (needle, not surface). 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 (Bigos, 1999) (Ortiz-Corredor, 2003). Nerve conduction studies (NCS) are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006).

**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 EMG's may be useful to obtain unequivocal evidence of radiculopathy, after 1 month of conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. The patient has clear clinical (subjective and objective) findings of radiculopathy at the L5-S1 level and the MRI revealed significant anterolisthesis at the same level with impaction of the right exiting nerve root, and with the left nerve root approached but not definitively touched by disc material. The prior determination was non-certified given there were no physical exam findings of lumbar radiculopathy, which had been provided for review in the context of this review. Therefore, the medical necessity has been substantiated.

**NCV of the bilateral lower extremities:** 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)- Nerve Conduction Studies (NCS).

**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)ODG states that electrodiagnostic studies are recommended (needle, not surface). 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 (Bigos, 1999) (Ortiz-Corredor, 2003). Nerve conduction studies (NCS) are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006).

**Decision rationale:** ODG states that NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. The patient had clear clinical findings of radiculopathy. There was no rationale identifying the need of nerve conduction studies for this patient. There was no indication of a differential diagnosis to be ruled out or any other indication for this test. The medical necessity was not substantiated.