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| <b>Case Number:</b>   | CM14-0076929 |                              |            |
| <b>Date Assigned:</b> | 07/18/2014   | <b>Date of Injury:</b>       | 08/06/2010 |
| <b>Decision Date:</b> | 09/22/2014   | <b>UR Denial Date:</b>       | 05/13/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/27/2014 |

### 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:

This 51 year old patient had a date of injury on 8/6/2010. The mechanism of injury was not noted. In a progress noted dated 3/21/2014, subjective findings included low back pain with pain radiating into bilateral buttocks. Pain is 6/10 and aggravated with sitting and lying down on back for prolonged periods of time. On a physical exam dated 3/21/2014, objective findings included muscle spasms are palpable next to the spinous processes with the patient relaxed lying prone, range of motion is limited due to pain in lumbosacral region. Diagnostic impression shows lumbago, lumbar radiculopathy, degenerative disc disease, herniated disc at L5-S1 Treatment to date: medication therapy, behavioral modification A UR decision dated 5/13/2014 denied the request for MRI of lumbar spine without contrast, stating no evidence surgery is being considered, that the request was to simply update studies as the patient has not had them done in 3 years. Lumbar x-rays with bending films was denied, stating no evidence that efforts would influence treatment plan and no evidence patient is receiving future surgery. EMG/NCG study of bilateral lower extremities was denied, stating that the patient already has clinically evident radiculopathy confirmed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of lumbar spine without contrast:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter.

**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. In a progress report dated 3/21/2014, there was no evidence of plain films. This patient already has a diagnosis of a herniated disc at L5-S1 and therefore has had an MRI previously. The MRI, however, was not provided for review. There is no description of significant changes in the patient's condition to warrant repeat imaging. Therefore, the request for Lumbar MRI spine without contrast is not medically necessary.

**Lumbar x-rays with bending films:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 303.

**Decision rationale:** CA MTUS 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. In the progress report dated 3/21/2014, there was no indication that the patient was receiving future surgery, and there were no significant concerns for instability on the neurological exam. Therefore, the request for X-rays with bending films is not medically necessary.

**EMG/NCV study of bilateral lower extremities:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter.

**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. In the progress report dated 3/21/2014, his neurological exam did not show any deficits. It was unclear if the patient's radicular symptoms were correlated with any MRI findings from the prior MRI, as

the prior MRI was not provided for review. Furthermore, there was no indication of any future surgical procedure to be performed. Therefore, the request for EMG/NCV study of the bilateral lower extremities is not medically necessary.