

<b>Case Number:</b>	CM14-0085160		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	06/04/2003
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

Progress notes dated 7/9/14 indicates the insured was diagnosed with sprain/strain and myofascial pain syndrome with reported 3 mm multilevel disc bulges of the C6-7, C7-T1, and C4-5 levels and 2-3 mm disc bulges at the C5-6 level per MRI of 10/30/06. 7/31/11 MRI reported disc degeneration at L5-S1. There is reported 60-70% back pain improvement after a left sacroiliac rhizotomy and the two ESIs have reduced numbness and tingling in the lower extremities. There is persistent numbness and tingling in the left lower extremity. There is urgency with urination. Physical examination notes positive straight leg raise in the left leg and decreased sensation in the L4 and S1 dermatomes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Magnetic Resonance Imaging (MRI) of the lumbar spine: Overturned**

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

**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, MRI.

**Decision rationale:** The medical records provided for review indicate progressive neurologic changes of sensory change and urinary urgency with physical examination noting decreased

sensation without correlate from previous imaging. New imaging is supported under ODG guidelines given the progression of neurologic findings. The request is medically necessary and appropriate.

**1 EMG/NCV of the left lower extremity:** Overturned

**Claims Administrator 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 - Lumbar & Thoracic (Acute & Chronic).

**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, EMG.

**Decision rationale:** The medical records provided for review indicate progressive neurologic changes of sensory change and urinary urgency with physical examination noting decreased sensation without correlate from previous imaging. EMG is supported under ODG guidelines given the progression of neurologic findings to guide diagnosis and prognosis. The request is medically necessary and appropriate.