

<b>Case Number:</b>	CM14-0127955		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	08/17/2012
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 35 year old male with a work injury dated 8/17/12. The diagnoses include lumbar sprain/strain; lumbar paraspinal muscle spasms/disc herniation; lumbar radiculitis; sacroiliitis of the right sacroiliac joint. Under consideration is a request for updated MRI of Lumbar Spine and EMG/NCV of Lumbar Spine and Bilateral Lower Extremities. The documentation indicates that the patient has had a lumbar MRI on dates 8/31/12; 3/27/13; 7/25/13; 1/31/14. He has had a NCS/EMG on 9/11/12 and another of the BLE dated 1/31/14 which revealed normal study of the bilateral lower extremities. A 3/28/14 progress note states that the patient has constant low back pain which ranges from 4-8 without medication or therapy. The physical exam of the lumbar spine demonstrates tenderness to palpation over the spinous processes associated with muscular guarding. A 5/30/14 progress note states that the patient has increased low back and tingling in the anterior left thigh. The pain is a 6-7 without medications or therapy and reduced to a 4 with medications only. Physical examination of the lumbar spine demonstrates tenderness to palpation over the midline and right sided paraspinal musculature at the levels L3 through L5. There is painful and limited lateral extension. There is diminished sensation over the right-sided L3, L4, and L5 dermatomes. A 6/19/14 secondary treating physician progress report states that the patient experiencing pain over right buttock radiating to posterior and lateral aspect of right thigh with numbness and tingling progressively increasing in severity. This was noted recently while standing on uneven surfaces or while climbing up stairs or standing up from a seated position. The objective findings state that the patient is also suffering from severe right sacroiliac, joint Inflammation with signs and symptoms of radiculitis/radiculopathy to the posterior and lateral aspect of thigh. Gaenslen's test and Patrick/Fabere test were positive, sacroiliac joint thrust demonstrated severely positive. The

treatment plan is right sacroiliac injection under fluoroscopy and Norflex, Neurontin. A 7/10/14 supplemental report states that there is a 2/26/14 AME report that states that the patient presently does not require surgical procedures. The option for an updated lumbar MRI needs to be left open if the patient's condition deteriorates with consideration for more aggressive treatment to be made. Provision should be made for the patient to receive future orthopedic care, physical therapy and if symptoms persist be evaluated by an orthopedist. The supplemental report states that the patient has unrelenting stabbing pain in the back radiating into the lower extremities. Lumbar epidural injections did not relieve his pain. The provider requests authorization for an updated MRI of the lumbar spine and EMG/NCV of the lumbar spine and BLE to assess whether the patient's condition has deteriorated.

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

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

#### **Updated MRI of Lumbar Spine and EMG/NCV of Lumbar Spine and Bilateral Lower Extremities: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG: Low Back - Lumbar & Thoracic (Acute & Chronic)- Nerve conduction studies (NCS); Electrodiagnostic studies (EDS)

**Decision rationale:** Updated MRI of Lumbar Spine and EMG/NCV of Lumbar Spine and Bilateral Lower Extremities is not medically necessary per the MTUS and the ODG guidelines. The guidelines state that the MTUS recommends imaging studies be reserved for cases in which surgery is considered, or there is a red-flag diagnosis. The guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment. The ODG recommends a lumbar MRI when there is a suspected red flag condition such as cancer or infection or when there is a progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, and recurrent disc herniation). The MTUS ACOEM guidelines state that when the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The ODG states that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The documentation submitted does not reveal a progressive neurologic deficit or red flag condition. The documentation indicates that the patient has had multiple prior lumbar MRI examinations and has had prior Electrodiagnostic testing. The ODG states that repeat MRI is not routinely recommended. The ODG states that EMG's are not necessary if radiculopathy is already clinically obvious. The documentation does not suggest that the patient's lower extremity symptoms are due to peripheral polyneuropathy, plexopathy, or entrapment/compression neuropathy. The patient's history and symptoms suggest a radicular

cause. The documentation is not clear on how repeat Electrodiagnostic studies would change the patient's management. Without progressive neurologic deficits or significant change in patient's neuropathic symptoms suggestive of an etiology other than radiculitis the request for updated MRI of lumbar spine and EMG/NCV of lumbar spine and bilateral lower extremities is not medically necessary.