

Case Number:	CM14-0190759		
Date Assigned:	11/24/2014	Date of Injury:	09/04/2002
Decision Date:	01/09/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/14/2014

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 and Rehabilitation, has a subspecialty 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:

The patient is a 63 year old male with an injury date of 09/04/02. Per physician's progress report dated 10/22/14, the patient complains of constant and severe low back pain along with pain, weakness, numbness and tingling in the right lower extremity. The patient also has left extremity radiating pain. Additionally, he has residual pain from right ankle/Pilon fracture along with persistent edema in the area. The patient is status post right ankle surgery for a severe right ankle fracture and tendon repair in the right small finger. Physical examination reveals tenderness to palpation of the spinal and bilateral paraspinal region of the lower back. There is decreased range of motion in the lumbar spine and the right ankle. There is decreased sensation to light touch in right ankle and right foot. Current medications, as per progress report dated 10/22/14, include Oxycontin, Norco, Fentanyl patches, Norvasc, Metoprolol, Aspirin, Temazepam, Enalapril, and Colace. Patient is doing home exercises to manage the pain, as per progress report dated 07/14/14. He also benefited from aqua therapy, as per progress report dated 05/22/14. As per progress report dated 01/23/14, the patient is currently not working due to chronic pain, his lack of exercise or tolerance. MRI of the Lumbar Spine, 10/25/03, as per progress report dated 10/22/14:- At L3-4: Degenerative disc disease with a far lateral disc protrusion on the right side; bilateral facet arthropathy; small generalized annular bulge with moderate right foraminal narrowing and mild to moderate left foraminal narrowing.- At L4-5: Bilateral facet hypertrophy and probable spur formation involving posterior aspect of the right L4-5 facet joint; mild generalized disc bulge; front-back narrowing of the extreme medial aspect of the exit foramina bilaterally- At L5-S1: Bilateral facet hypertrophy; slight bulge of the disc; mild narrowing of the extreme medial aspect of the exit foramina bilaterally; low signal in the region of the pars interarticularis at L5. CT of the Lumbar Spine, 01/20/14; as per progress report dated 10/22/14:- At L5-S1: moderate bilateral facet arthropathy, right greater than left; mild to moderate bilateral

neural foraminal narrowing- At L4-5: Bilateral neural foraminal narrowing; Spur formation involving posterior aspect of the right L4-5 facet joint- At L3-4: Far right lateral disc protrusion; Mild acquired central canal stenosisX-ray of the Cervical Spine, 10/01/12, as per progress report dated 10/22/14:- Grade I degenerative anterolisthesis L4- Mild degenerative disc disease L3-4- Facet arthrosis L4-5- Atherosclerotic plaquing within the abdominal aorta- Right lumbar convexityDiagnoses, 10/22/14:- Low back pain- Right lower extremity pain, numbness and tingling- Right lower extremity weakness- Left lower extremity radiating pain- History of right comminuted right ankle/pilon fracture- History of right knee injury- History of L3-4 right far lateral disc protrusion- L4-5 grade I degenerative anterolisthesis- Lumbar multilevel degenerative disc disease- Lumbar multilevel foraminal stenosis- Lumbar multilevel facet arthropathy- Lumbar coronal plane curvatureThe provider is requesting for (a) MRI of the lumbar spine without contrast (b) one (1) set of lumbar x-rays (standing up, neutral lateral, flexion/extension lateral views (c) one (1) EMG/NCV study of the right lower extremity. The utilization review determination being challenged is dated 10/30/14. The rationale follows:(a) MRI of the lumbar spine without contrast - "Current evidence based treatment guidelines do not recommend routine repeat MRI imaging and that repeat MRI should only be performed in cases where a change in symptoms or findings are suggestive of the presence of a significant pathology."(b) one (1) set of lumbar x-rays (standing up, neutral lateral, flexion/extension lateral views - "Based on the patient's persistent findings over the past two years, performance of x-rays at this time is not likely to change the patient's course of treatment."(c) one (1) EMG/NCV study of the right lower extremity - "Current evidence based treatment guidelines state EMG is not necessary if radiculopathy is already clinically obvious including muscle weakness, sensory changes, and diminished reflexes."Treatment report were provided from 10/07/08 - 10/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine without contrast: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 178.

Decision rationale: The patient presents with constant and severe low back pain along with pain, weakness, numbness and tingling in the right lower extremity. The patient also has left extremity radiating pain and residual pain from right ankle/Pilon fracture, as per progress report dated 10/22/14. The request is for MRI of the lumbar spine without contrast.ACOEM Guidelines, chapter 8, page 177 and 178, state "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 and who would consider surgery an option." ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. Repeat MRI's are indicated only if there has been progression of neurologic deficit.In this case, the patient received an MRI of the lumbar spine on 10/25/13 and 10/02/12, as per progress report dated 10/22/14. In the same report, the provider states that MRI of the lumbar spine is required

"to further assess the patient's lumbar condition." However, review of the reports do not reveal any new symptoms or flare-ups. Routine updates of MRI's are not required to check the patient's progress. The guidelines support updated MRI's for progressive neurologic changes, significant change in clinical presentation, post-operative evaluation and for new injury/red flags. This request is not medically necessary.

One (1) set of lumbar x-rays (standing AP, neutral lateral, flexion/extension lateral views): 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), Radiography (x-rays) Chapter, low back- lumbar & thoracic.

Decision rationale: The patient presents with constant and severe low back pain along with pain, weakness, numbness and tingling in the right lower extremity. The patient also has left extremity radiating pain and residual pain from right ankle/Pilon fracture, as per progress report dated 10/22/14. The request is for One (1) set of lumbar x-rays (standing AP, neutral lateral, flexion/extension lateral views). As per ODG guidelines, chapter ' and topic 'Radiography (x-rays)', lumbar x-rays are "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. However, some providers feel it "may" be appropriate when the physician believes it would aid in patient expectations and management." The guidelines also state that "Routine imaging for low back pain is not beneficial and may even be harmful, according to new guidelines from the American College of Physicians. Imaging is indicated only if patients have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions. Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, cauda equina syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms." Progress report dated 10/22/14 states that patient had AP neutral lateral, flexion lateral and extension lateral x-rays of the cervical spine on 10/01/12. However, all the findings are pertinent to the lumbar spine. Hence, it is assumed that this x-ray was for the lumbar spine. In the same progress report, the provider requests for lumbar spine x-ray "to assess for lumbar instability." However, the ODG guidelines states that "Subsequent imaging should be based on new symptoms or changes in current symptoms." Since the patient does not present with any new symptoms, this request is not medically necessary.

One (1) EMG/NCV study of the right lower extremity: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 303, 260-262.

Decision rationale: The patient presents with constant and severe low back pain along with pain, weakness, numbness and tingling in the right lower extremity. The patient also has left extremity radiating pain and residual pain from right ankle/Pilon fracture, as per progress report dated 10/22/14. The request is for One (1) EMG/NCV study of the right lower extremity. For EMG, ACOEM Guidelines page 303 states "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." ODG guidelines under foot/ankle chapter does not discuss electrodiagnostics. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." In this case, the patient has pain, numbness, tingling and weakness in the right lower extremity, as per progress report dated 10/22/14. The provider requests for right lower extremity EMG/NCV study "to assess for a possible acute right lower extremity lumbar radiculopathy and/or peripheral neuropathy. The patient has major right lower extremity radiating pain. The patient has lumbar abnormalities and right lower extremity abnormalities." Review of the reports do not show evidence of prior electrodiagnostic studies. Given the patient's lower extremity issues, this request is medically necessary.