

<b>Case Number:</b>	CM14-0191714		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	10/08/2012
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Rehab, has a subspecialty in Interventional Spine 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 52-year-old male with injury date of 10/08/12. Based on the 10/23/14 progress report, the patient complains of constant low back pain rated 7/10. Pain is aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing, and walking multiple blocks. Physical examination to the lumbar spine revealed tenderness to palpation and spasm of the paravertebral muscles, and limited range of motion. Seated nerve root test is positive. Patient's tingling and numbness is in the anterolateral thigh, anterolateral leg, anterior knee, medial leg and foot all of which is in an L4 and L5 dermatomal pattern. Per progress report dated 09/25/14, treater requests for an MRI because it is "necessary when the patient has had lumbar spine pain with leg pain/numbness lasting longer than 4-6 weeks." Treater also requests EMG/NCV because this test "may be useful to identify subtle, focal neurologic dysfunction, to clarify nerve root dysfunction in patients without signs of improvement after four weeks." No documentation of previous EMG/NCV per review of reports. Diagnostic study per 02/14/14 progress report -X-ray, date unspecified: lumbar scoliosis, severe lateral listhesis at L4 and L5, L3 on L4 and L2 on L3 -MRI, date unspecified: "shows similar findings."Diagnosis 10/13/14-Lumbar Disc Degeneration-Chronic pain-Lumbar Facet Arthropathy-Lumbar RadiculitisThe utilization review determination being challenged is dated 11/03/14. The rationale follows:1) MRI of the lumbar spine: "claimant had prior magnetic resonance imaging of the lumbar spine on 12/05/12 there is limited evidence of change in status or progression of symptoms."2) EMG/NCV of the bilateral lower extremities: "EMG's are not necessary if radiculopathy is already clinically obvious." Treatment reports were provided from 01/01/14 to 11/24/14.

### 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:** Upheld

**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 - TWC Low Back Procedure Summary (updated 8/22/14)

**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, MRIs (magnetic resonance imaging) (L-spine)

**Decision rationale:** The patient presents with constant low back pain rated 7/10. The request is for MRI of the lumbar spine. Diagnosis dated 10/13/14 included lumbar disc degeneration, lumbar facet arthropathy, and lumbar radiculitis. Physical examination to the lumbar spine revealed tenderness to palpation and spasm of the paravertebral muscles, and limited range of motion. Seated nerve root test is positive. Patient's tingling and numbness is in the anterolateral thigh, anterolateral leg, anterior knee, medial leg and foot all of which is in an L4 and L5 dermatomal pattern. ODG-TWC guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) has the following: "Indications for imaging (Magnetic resonance imaging) Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit." Regarding MRI of L-spine ACOEM guidelines, Chapter 12, page 303 states: "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." Per progress report dated 09/25/14, treater requests for an MRI because it is "necessary when the patient has had lumbar spine pain with leg pain/numbness lasting longer than 4-6 weeks." In this case, the patient had a prior set of MRI's of L-spine that showed lumbar scoliosis, severe lateral listhesis at L4 and L5, L3 on L4 and L2 on L3" per 02/14/14 progress report. The treater does not explain why another set of MRI's are needed. There are no red flags, no recent surgery of L-spine, no new injury or neurologic progression to warrant an updated MRI. The request is not medically necessary.

**EMG/NCV of the bilateral lower extremities:** 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 - TWC Low Back Procedure Summary (updated 8/22/14)

**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 - Lumbar & Thoracic (Acute & Chronic) chapter, Electrodiagnostic studies (EDS)

**Decision rationale:** The patient presents with constant low back pain rated 7/10. The request is for EMG/NCV of the bilateral lower extremities. Diagnosis dated 10/13/14 included lumbar disc degeneration, lumbar facet arthropathy, and lumbar radiculitis. Physical examination to the

lumbar spine revealed tenderness to palpation and spasm of the paravertebral muscles, and limited range of motion. Seated nerve root test is positive. Patient's tingling and numbness is in the anterolateral thigh, anterolateral leg, anterior knee, medial leg and foot all of which is in an L4 and L5 dermatomal pattern. ACOEM guidelines page 303 states, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter states: "EMG studies: Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. (Bigos, 1999)" Per progress report dated 09/25/14, treater requests EMG/NCV because this test "may be useful to identify subtle, focal neurologic dysfunction, to clarify nerve root dysfunction in patients without signs of improvement after four weeks." Patient presents with lumbar spine pain with tingling and numbness in the lower extremities, and has a diagnosis of lumbar radiculitis. There is no indication patient has had previous electrodiagnostic studies in review of medical records. Given the patient's leg symptoms, the request for EMG/NCV of the bilateral lower extremities appears reasonable and is indicated by guidelines. The request is medically necessary.