

<b>Case Number:</b>	CM15-0005817		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	08/09/2013
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

### 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 injured worker is a 51 year old male, who sustained an industrial injury on 8/9/13. On 1/12/15, the injured worker submitted an application for IMR review of: MRI of the lumbar spine, and acupuncture x6, and Consult with a spine surgeon and left lower extremity EMG/NCS. The treating physician has reported the injured worker complains of low back pain and spasms that are limiting activities. The diagnoses per PR-2 notes dated 1/7/15 included lumbar pain, lumbar disc herniation without myelopathy, lumbar degeneration and spine dysfunction. Also noted as "plan" were discogenic low back pain with significant limited functionality of the spine, disc extrusion T12/L1, lumbar radicular syndrome - L5 distribution, disc bulge with annular tear L5-S1. Treatment to date has included a Lumbar MRI (1/26/15), x-rays, chiropractic therapy, right shoulder injections. On 12/12/14 Utilization Review non-certified MRI of the lumbar spine, and acupuncture x6, and Consult with a spine surgeon and left lower extremity EMG/NCS. The MTUS Chronic Pain Medical Treatment Guidelines, OGD and ACOEM Guidelines were cited.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Lower Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

**Decision rationale:** ACOEM addresses initial imaging studies not re-imaging after prolonged symptoms. ODG states that 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, recurrent disc herniation). The Injured Worker has continues symptoms with complaints of radiating pain but no signs of neurologic compromise on exam. Lumbar MRI is not medically necessary and appropriate at this time.

**Acupuncture x 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Per MTUS guidelines, acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. There is no documentation that pain medication is being lowered or is not tolerated at this time or that the Injured Worker is actively in physical therapy. The request is not medically necessary and appropriate at this time.

**Consult with spine surgeon:** Overturned

**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): 305-306.

**Decision rationale:** ACOEM guidelines state that referral for surgical consultation is indicated for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise, or activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms or clear clinical, imaging, and electrophysiological evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair or a failure of conservative treatment to resolve disabling radicular symptoms. With regards to the Injured Worker imaging showed disc herniation without nerve impingement in the past, clinical exam shows no obvious neuropathy, however, the Injured Worker continues to complain of numbness radiating down his leg. Given the persistence of symptoms the referral to a surgeon is warranted to determine further treatment and intervention.

**Left lower extremity NCS/EMG: 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) low back chapter.

**Decision rationale:** According to MTUS guidelines 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. MTUS does not have recommendations regarding NCS. ODG states that EMG is 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. ODG states that NCS is not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Due to the request being for both studies it is considered not medically reasonable and necessary at this time.