

<b>Case Number:</b>	CM15-0142897		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	11/09/1995
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 54 year old male, who sustained an industrial injury on 11-09-1995. On provider visit dated 06-30-2015 the injured worker has reported low back pain with radiation into the lower extremities. On examination of the lumbar spine revealed a decreased range of motion and sensation was decreased in the dermatomes in right and left at the L4 and L5 level. Straight leg raise was positive and spasm and guarding was noted in the lumbar spine. The diagnoses have included syndrome post laminectomy lumbar and secondary revision in 2002, lumbar disc displacement without myelopathy and depression. Treatment to date has included medication and surgical intervention. The injured worker was noted to have undergone diagnostic testing. The provider requested left and right leg venous Doppler ultrasound and electromyogram of the left lower extremity and right lower extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left leg Venous Doppler Ultrasound:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2nd Edition and Official Disability

Guidelines (ODG), Treatment Index, 13th Edition (web) 2015, Knee & Leg (acute & Chronic) Venous Thrombosis.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Knee/Leg, Venous thrombosis.

**Decision rationale:** The patient presents with pain affecting the low back with radiation down the bilateral lower extremities. The current request is for Left leg Venous Doppler Ultrasound. The treating physician report dated 6/30/15 (25B) states, "We will request authorization for the bilateral leg venous Doppler ultrasounds to rule out DVT considering his history of DVT postoperatively". The report goes on to state, "However, prior to any further surgery, it would need to be determined that the clot has completely resolved". The MTUS guidelines do not address the current request. The ODG guidelines state the following regarding the use of ultrasound for patients with DVT: "Patients with suspected deep vein thrombosis (DVT) of the lower extremities are usually investigated with ultrasonography either by the proximal veins (2-point ultrasonography) or the entire deep vein system (whole-leg ultrasonography)". In this case, the patient presents with a history of post-operative DVT and the physician is requesting diagnostic ultrasound to rule DVT before possibly considering a revision of the patients L4-5 and L5-S1 fusion. The current request satisfies the ODG guidelines as outlined in the 'Knee and Leg' chapter. The current request is medically necessary.

**Right leg Venous Doppler Ultrasound: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2nd Edition and Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web) 2015, Knee & Leg (acute & Chronic) Venous Thrombosis.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Knee/Leg, Venous thrombosis.

**Decision rationale:** The patient presents with pain affecting the low back with radiation down the bilateral lower extremities. The current request is for Right leg Venous Doppler Ultrasound. The treating physician report dated 6/30/15 (25B) states, "We will request authorization for the bilateral leg venous Doppler ultrasounds to rule out DVT considering his history of DVT postoperatively". The report goes on to state, "However, prior to any further surgery, it would need to be determined that the clot has completely resolved". The MTUS guidelines do not address the current request. The ODG guidelines state the following regarding the use of ultrasound for patients with DVT: "Patients with suspected deep vein thrombosis (DVT) of the lower extremities are usually investigated with ultrasonography either by the proximal veins (2-point ultrasonography) or the entire deep vein system (whole-leg ultrasonography)". In this case, the patient presents with a history of post-operative DVT and the physician is requesting diagnostic ultrasound to rule DVT before possibly considering a revision of the patients L4-5 and L5-S1 fusion. The current request satisfies the ODG guidelines as outlined in the 'Knee and Leg' chapter. The current request is medically necessary.

**EMG of the left lower extremity: 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): 303.

**Decision rationale:** The patient presents with pain affecting the low back with radiation down the bilateral lower extremities. The current request is for EMG of the left lower extremity. The treating physician report dated 6/30/15 (25B) states, "He recommends EMG/nerve conduction studies of the bilateral lower extremities to objectively evaluate the status of neuropathic pain and the affected levels". The report goes on to state, "He continues to report having significant low back pain with radiation into the lower extremities". The report further states, "Straight leg raise is positive on left and right". ACOEM page 303 states, "Electromyography (EMG) including H-reflex test may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks". Repeat studies are not addressed. The ODG guidelines state, "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". In this case, the patient has been diagnosed with radiculopathy and has positive examination findings. The physician has requested the EMG to help aid in the diagnosis and there is no documentation of a prior EMG scan performed. The current request is medically necessary.

**EMG of the right lower extremity: 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): 303.

**Decision rationale:** The patient presents with pain affecting the low back with radiation down the bilateral lower extremities. The current request is for EMG of the right lower extremity. The treating physician report dated 6/30/15 (25B) states, "He recommends EMG/nerve conduction studies of the bilateral lower extremities to objectively evaluate the status of neuropathic pain and the affected levels". The report goes on to state, "He continues to report having significant low back pain with radiation into the lower extremities". The report further states, "Straight leg raise is positive on left and right". ACOEM page 303 states, "Electromyography (EMG) including H-reflex test may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks". Repeat studies are not addressed. The ODG guidelines state, "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". In this case, the patient has been diagnosed with radiculopathy and has positive

examination findings. The physician has requested the EMG to help aid in the diagnosis and there is no documentation of a prior EMG scan performed. The current request is medically necessary.