

Case Number:	CM15-0168325		
Date Assigned:	09/09/2015	Date of Injury:	04/01/2014
Decision Date:	10/26/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	08/27/2015

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: Anesthesiology

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 36-year-old female, with a reported date of injury of 04-01-2014. The diagnoses include low back pain, lumbar herniated disc, spinal stenosis of lumbar region with radiculopathy, lumbar musculoligamentous sprain with lower extremity radiculitis, lumbar disc bulge, and status post lumbar discectomy. Treatments and evaluation to date have included lumbar spine surgery, oral medications, physical therapy, and acupuncture therapy. The diagnostic studies to date have included an MRI of the lumbar spine on 04-29-2015, which showed facet arthrosis at L4-L5 and L5-S1, moderate discogenic spondylosis at L5-S1, and a 7.8mm focal left paracentral disc extrusion. The progress report dated 08-17-2015 indicates that the injured worker was working with restrictions. She had constant low back pain with radiation of pain down the left leg and back of thigh. There was tightness in the back thigh with tingling of the left foot. The objective findings include diminished sensation of the medial left foot. There was documentation that the injured worker had an MRI of the lumbar spine on 08-11-2015, which showed recurrent disc bulge at L5-S1, spinal stenosis at L4-5, and scarring around the S1 nerve root. On 08-03-2015, the objective findings included straight leg raising in a sitting position at 90 degrees on the right and 90 degrees on the left with pain to the low back on the left. The treating physician requested electrodiagnostic studies of both lower extremities to rule out radiculopathy, a lumbar brace, and CT scan of the lumbar spine regarding spinal stenosis at L4-5. The injured worker has been instructed to return to modified work on 08-03-2015. The injured worker's disability status as of 08-03-2015 was temporarily partially disabled with modified duties. The return to work date was 08-03-2015. The request for authorization was not

included in the medical records. On 08-24-2015, the Utilization Review non-certified the request for EMG (electromyography) of the lower extremity, NCS (nerve conduction study) of the lower extremity, a lumbar brace, and a CT scan of the lumbar spine. The electrodiagnostic studies of the bilateral lower extremities and the CT scan of the lumbar spine were not certified because the request is not supported for the clinical presentation of musculoligamentous sprain of the lumbar spine with lower extremity radiculitis and an L5-S1 disc bulge.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) EMG Testing.

Decision rationale: There is no documentation provided necessitating EMG testing of the lower extremities. The ODG states that electromyography (EMG) and nerve conduction velocities, including H-reflex tests, may help identify subtle, focal neurologic dysfunction in patients with neck or arm problems, or both, lasting more than 3 to 4 weeks. The ODG further states that nerve conduction studies (NCVs) are recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. In this case, findings on the neurologic exam do not lend support to the request for EMG testing of the lower extremities. Medical necessity for these tests is not established. The requested tests are not medically necessary.

NCS of lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Nerve conduction studies (NCS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Nerve Conduction Velocity Test.

Decision rationale: The request for diagnostic test NCV for the lower extremities is not medically necessary. According to the ODG, electromyography (EMG) and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle, focal neurologic dysfunction in patients with neck or arm problems, or both, lasting more than 3 to 4 weeks. The ODG further states that nerve conduction studies are recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. In this case, there is no

documentation of any objective clinical findings or any neurological deficits to support the requested NCV of the lower extremities. Medical necessity for the requested studies has not been established. The requested studies are not medically necessary.

Lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Assessment.

Decision rationale: According to the ACOEM guidelines, lumbar binders, corsets, or support belts are not recommended as treatment for low back pain. The guidelines state that the use of back-belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security. In addition, the guidelines do not recommend lumbar braces for treatment of low back pain. Medical necessity for this item has not been established. Therefore, the lumbar brace is not medically necessary.

CT scan of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) CT scan of the LS spine.

Decision rationale: According to the ODG, magnetic resonance imaging (MRI) has largely replaced computed tomography (CT) scanning in the noninvasive evaluation of patients with painful myelopathy because of superior soft tissue resolution and multi-planar capability. The ODG states that a CT is recommended for thoracic spine trauma with equivocal or positive plain films, no neurological deficit; thoracic spine trauma with neurological deficit; lumbar spine trauma; myelopathy, and to evaluate successful fusion if plain x-rays do not confirm fusion. In this case, there is no specific indication for a CT scan of the lumbar spine. Medical necessity for the requested lumbar CT with and without contrast has not been established. The requested studies are not medically necessary.