Case Number:	CM15-0202138		
Date Assigned:	10/19/2015	**Date of Injury:**	01/09/1999
Decision Date:	12/02/2015	**UR Denial Date:**	10/07/2015
Priority:	Standard	**Application Received:**	10/14/2015

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
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 57 year old male injured worker suffered an industrial injury on 1-9-1999. The diagnoses included cervical spine diffuse idiopathic skeletal hyperostosis, electrodiagnostic evidence of chronic right S1 radiculopathy and lumbar fusion with hardware removal. On 8-5-2015, the treating provider reported constant pain in the cervical spine with radiation to the upper extremities with associated headaches that were migrainous as well as tension between the shoulder blades that was worsening rated as 8 out of 10. There was constant pain in the shoulders. There was frequent pain in the low back with radiation to the lower extremities. On exam the cervical spine had tenderness with spasms, positive axial loading and Spurling's maneuver. The range of motion was limited by pain. The lumbar spine was tender with spasm with seated nerve root test that was positive and range of motion guarding and restricted. There was tingling and numbness in the tight, leg and foot. The Request for Authorization date was 10-1-2015. The Utilization Review on 10-7-2015 determined non-certification for MRI of the lumbar spine and modification for Electromyography-Nerve Conduction Velocity of the bilateral upper and lower extremities to include only electromyography studies of the bilateral upper extremities.

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 Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar and Thoracic, Acute and Chronic, MRI.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back- Lumbar and Thoracic Chapter, under MRIs, Low Back-Lumbar and Thoracic Chapter, under Flexion/extension imaging studies.

Decision rationale: The patient was injured on 01/09/99 and presents with pain in his cervical spine, bilateral shoulders, and lower back. The request is for a MRI of the lumbar spine. The RFA is dated 10/01/15 and the patient is at maximum medical improvement. The utilization review letter states that the patient had a prior MRI of the lumbar spine in November of 2013. MTUS/ ACOEM Guidelines, Chapter 12, Special Studies Section, page 303 states, "Unequivocal and equivocal objective findings that identified specific nerve compromise on neurological examination or sufficient evidence to warrant imaging in patient who did not respond well to retreatment and who could consider surgery an option. Neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG Guidelines, Low Back Lumbar and Thoracic Chapter, under MRIs states that "MRIs are tests of choice for patients with prior back surgery, but for uncomplicated low back with radiculopathy, not recommended until at least 1 month of conservative care, sooner if severe or progressive neurologic deficit." ODG Guidelines, Low Back- Lumbar and Thoracic Chapter, under Flexion/extension imaging studies states:"Not recommended as a primary criteria for range of motion. An inclinometer is the preferred device for obtaining accurate, reproducible measurements. See Range of motion (ROM); Flexibility. For spinal instability, may be a criteria prior to fusion, for example in evaluating symptomatic spondylolisthesis when there is consideration for surgery."The patient has tenderness/spasm along the lumbar spine with seated nerve root test that was positive and a guarded/restricted range of motion. He is diagnosed with cervical spine diffuse idiopathic skeletal hyperostosis, electrodiagnostic evidence of chronic right S1 radiculopathy and lumbar fusion with hardware removal. The reason for the request is not provided. The patient had a MRI of the lumbar spine in November of 2013 which revealed minimal right posterior protrusion of disc at L1-2 and minimal disc bulge at L3-4 and L4-5. There is no evidence of any progressive neurologic deficit to warrant an updated MRI of the lumbar spine. Therefore, the requested MRI of the lumbar spine IS NOT medically necessary.

Electromyography/Nerve Conduction Velocity of the bilateral upper and lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Acute and Chronic:Nerve Conduction Studies.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies, and Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, under EMGs, Low Back chapter, under Nerve conduction studies.

Decision rationale: The patient was injured on 01/09/99 and presents with pain in his cervical spine, bilateral shoulders, and lower back. The request is for an electromyography/ nerve conduction velocity of the bilateral upper and lower extremities. The RFA is dated 10/01/15 and the patient is at maximum medical improvement. The patient had an EMG/NCV of the lower extremities in December of 2013. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Treatment Considerations, page 178 states: "When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks."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." MTUS/ACOEM Guidelines Chapter 12 Low Back Complaints, page 303 on Special Studies and Diagnostic and Treatment Considerations 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. ODG Guidelines, Low Back chapter, under EMGs electromyography- ODG states, "Recommended as an option needle, not surface. EMGs 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 Guidelines, Low Back chapter, under Nerve conduction studies -NCS- states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." ODG for Electrodiagnostic studies states, "NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back." The patient has tenderness/spasm along the lumbar spine with seated nerve root test that was positive, a guarded/restricted range of motion of the lumbar spine, tenderness/spasm along the cervical spine, a positive axial loading compression test, a positive Spurling's maneuver, and a limited cervical spine range of motion. He is diagnosed with cervical spine diffuse idiopathic skeletal hyperostosis, electrodiagnostic evidence of chronic right S1 radiculopathy and lumbar fusion with hardware removal. The reason for the request is not provided. Given the patient's upper extremity complaints, an EMG/NCV of the bilateral upper extremities appears reasonable. An EMG/NCV study may help the treater pinpoint the cause and location of the patient's symptoms. However, the patient already had an EMG/NCV of the bilateral lower extremities in December of 2013. There is no evidence of any progressive neurologic deficit to warrant an updated EMG/NCV of the bilateral lower extremities. Therefore, the request as written IS NOT medically necessary. Note: If the

requested EMG/NCV of the bilateral upper extremities and bilateral lower extremities was separated into two different requests, then the EMG/NCV of the bilateral upper extremity would have been deemed medically necessary.