

<b>Case Number:</b>	CM15-0208342		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	09/29/1998
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 70 year old male who sustained an industrial injury on 9-29-98. A review of the medical records indicates he is undergoing treatment for post-laminectomy syndrome, lumbar disc disease, and lumbar radiculitis. Medical records (5-5-15, 6-18-15) indicate ongoing complaints of low back pain that radiates to his right groin. He rates his pain "6-8 out of 10." He reports that his pain interferes with his sleep. The physical exam (6-18-15) reveals that the injured worker does not appear in "acute distress." His gait is noted to be "slow." Positive toe, heel, and tandem walk is noted. Limited range of motion is noted in the lumbar spine. Tenderness to palpation is noted with spasm of the lumbar spine. Muscle strength is noted to be "5 out of 5." Sensation is "intact" to bilateral lower extremities. Diagnostic studies have included x-rays of the lumbar spine and an EMG-NCV on 5-19-15 of bilateral lower extremities, showing chronic bilateral L5-S1 radiculopathy and moderate right tibial nerve injury. Treatment has included medications, physical therapy, and a home exercise program. Treatment recommendations include an MRI of the lumbar spine, consultation with a general surgeon regarding an abdominal hernia, and continuation of medications. The utilization review (9-22-15) includes requests for authorization of EMG-NCV of bilateral lower extremities and an MRI of the lumbar spine without contrast. Both requests were denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCS of bilateral lower extremities:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Low Back - Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography) (2) Low Back-Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

**Decision rationale:** The claimant has a remote history of a work injury to the neck and low back in September 1998 when he was lifting a box. He underwent revision lumbar spine fusion surgery in July 2010 followed by 24 physical therapy treatments with improvement. Electrodiagnostic testing in May 2015 included findings of chronic bilateral L5-S1 radiculopathy and a moderate tibial nerve injury. When seen in May and June 2015, the electrodiagnostic test results were reviewed. He was having low back pain to the right groin rated at 8/10 and interfering with sleep. Physical examination findings included a body mass index over 33. There was decreased lumbar flexion with tenderness. There was a slow gait. There was normal lower extremity strength and sensation. Authorization is being requested for a lumbar MRI and lower extremity electrodiagnostic testing. Indications for repeat electrodiagnostic testing include the following: (1) The development of a new set of symptoms. (2) When a serious diagnosis is suspected and the results of prior testing were insufficient to be conclusive. (3) When there is a rapidly evolving disease where initial testing may not show any abnormality (e.g., Guillain-Barr syndrome). (4) To follow the course of certain treatable diseases such as polymyositis or myasthenia gravis. (5) When there is an unexpected course or change in course of a disease and (6) To monitor recovery and help establish prognosis and/or to determine the need for and timing of surgical interventions in the setting of recovery from nerve injury. In this case, the claimant had EMG/NCS testing in May 2015. At that time, there were no findings that support the testing that was done and there is no change in the claimant's condition. The testing done in May 2015 and a request for another test are not medically necessary.

**MRI of the lumbar spine without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back - Lumbar and Thoracic (Acute and Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

**Decision rationale:** The claimant has a remote history of a work injury to the neck and low back in September 1998 when he was lifting a box. He underwent revision lumbar spine fusion surgery in July 2010 followed by 24 physical therapy treatments with improvement. Electrodiagnostic testing in May 2015 included findings of chronic bilateral L5-S1 radiculopathy and a moderate tibial nerve injury. When seen in May and June 2015, the electrodiagnostic test results were reviewed. He was having low back pain to the right groin rated at 8/10 and interfering with sleep. Physical examination findings included a body mass index over 33. There was decreased lumbar flexion with tenderness. There was a slow gait. There was normal lower extremity strength and sensation. Authorization is being requested for a lumbar MRI and lower extremity

electrodiagnostic testing. An MRI of the lumbar or thoracic spine can be recommended in a patient with uncomplicated low back pain when there is suspicion of cancer, infection, or other red flags, when there is radiculopathy after at least one month conservative therapy or sooner if there is severe or progressive neurologic deficit, when there is a history of prior lumbar surgery, when cauda equina syndrome is suspected, or in a patient with slowly progressive myelopathy. In this case, there is no acute injury and the claimant's lumbar surgery was more than 5 years ago. There are no radicular complaints or physical examination findings of radiculopathy. Plain film x-ray of the lumbar spine would be expected before consideration of additional imaging. A lumbar MRI is not medically necessary.