

<b>Case Number:</b>	CM15-0213074		
<b>Date Assigned:</b>	11/02/2015	<b>Date of Injury:</b>	10/25/1999
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2015

### 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 injured worker is a 49 year old male, who sustained an industrial injury on 10-25-1999. The injured worker is undergoing treatment for: lumbago. On 1-28-15, 3-4-15, 4-3-15, and 9-23-15, he reported low back pain described as sharp and rated 8 out of 10. He indicated his pain was worsening with prolonged activity such as sitting and standing. Physical findings revealed tenderness and spasm in the low back, positive seated nerve root testing, decreased and guarded range of motion of the low back, tingling and numbness in the lateral thigh, anterolateral and posterior leg and foot, and decreased strength in the EHL, ankle, plantar flexor and L5-S1 innervated muscles. The treatment and diagnostic testing to date has included: multiple chiropractic and physiotherapy sessions, magnetic resonance imaging of the lumbar spine (4-3-13). Medications have included: Nalfon, omeprazole, Ondansetron, cyclobenzaprine. The request for authorization is for: NCV (nerve conduction velocity) of the bilateral lower extremities, and magnetic resonance imaging of the lumbar spine. The UR dated 10-2-2015: non-certified the request for magnetic resonance imaging of the lumbar spine, and NCV (nerve conduction velocity) of the bilateral lower 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG), Treatment Index, 11th Edition (web), 2013, Low Back (updated 09/22/2015).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Per Treatment Guidelines for the Lower Back Disorders, states criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure, none identified here. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports for this chronic injury have not adequately demonstrated the indication for repeating the MRI of the Lumbar spine nor document any specific changed clinical findings of neurological deficits, progressive deterioration, or acute red-flag findings to support repeating this imaging study last done in 2013 with remarkable findings consistent with symptom complaints. The patient exhibits continued chronic low back pain with unchanged clinical findings. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI Lumbar Spine is not medically necessary or appropriate.

**NCV (nerve conduction velocity) bilateral 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 Guideline (ODG), Treatment Index, 11th Edition (web), 2013, Low Back (updated 09/22/2015).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Electrodiagnostic studies which must include needle EMG is recommended where a CT or MRI is equivocal and there are ongoing pain complaints that raise questions about whether there may be a neurological compromise that may be identifiable (i.e., leg symptoms consistent with radiculopathy, spinal stenosis, peripheral neuropathy, etc.). However, the patient already had an MRI of the lumbar spine showing disc protrusion resulting in canal and neural foraminal narrowing for nerve compromise along with clinical neurological deficits consistent with lumbar radiculopathy negating any medical necessity for diagnostic EMG. Additionally, the presumed diagnosis and treatment is lumbar radiculopathy; hence, NCS without suspicion or findings of entrapment syndrome has not been established to meet guidelines criteria. The NCV (nerve conduction velocity) bilateral lower extremities is not medically necessary or appropriate.