

<b>Case Number:</b>	CM15-0218400		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	06/11/2014
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2015

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 46-year-old male who sustained an industrial injury 6/11/14. Injury was reported relative to cumulative trauma working as a hotel housekeeper. Past medical history was positive for diabetes. Past surgical history was positive for lumbar microdiscectomy on 2/25/15. The 5/12/15 orthopedic report cited constant grade 8/10 low back and bilateral leg pain. Lumbar spine exam documented a well-healed incision with restricted and painful range of motion. The diagnosis included lumbar sprain/strain, status post lumbar spine surgery. The treatment plan included lumbar spine x-rays and MRI, continued medications, topical creams, and continued use of a back brace as needed. The 6/11/15 lumbosacral x-ray impression documented mild dextroscoliosis, mild reversed wedging at L4, and small anterior osteophytes at L2, L3, L4, and L5. There was a 20% decrease in disc space height at L5/S1. The 9/15/15 orthopedic report cited constant grade 8/10 low back pain. MRI on 6/10/15 showed a 4.5 mm disc protrusion with annular tear and a 1-2 mm disc protrusion at L5/S1, with post-surgical changes at L4/5. The diagnosis included lumbar disc protrusions and sprain/strain. The treatment plan recommended follow-up with pain management, continued oral and topical medications, and continued physical therapy. The 10/13/15 orthopedic report cited grade 8/10 low back pain radiating to the left lower extremity. Physical exam documented lumbar tenderness to palpation and tenderness over the left sciatic notch. Lumbar range of motion testing documented flexion 45, extension 10, and bilateral lateral flexion 15 degrees. EMG/NCV of the lower extremities along with spinal surgical consult in light of the findings on recent MRI with persistent 4.5 mm annular tear. Authorization was requested for a back brace and bilateral lower extremity EMG/NCV. The

10/30/15 utilization review non-certified the request for a back brace as there was limited evidence of spinal stability, spondylolisthesis or compression fracture to support this request. The request for bilateral lower extremity EMG/NCV was non-certified as there were imaging findings at L4/5 and L5/S1 which correlate with exam findings and electrodiagnostic testing is not justified when the patient is presumed to have symptoms on the basis of radiculopathy.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Back 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): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic: Lumbar supports.

**Decision rationale:** The California MTUS guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The Official Disability Guidelines state that lumbar supports are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). Post-operative use is under study. Guideline criteria have not been met. This injured worker presents with persistent low back pain radiating into the left lower extremity. There is no clinical or imaging evidence of spondylolisthesis or instability. The prior use of a back brace was documented with no discussion of pain or function benefit. There was no compelling rationale presented to support the medical necessity of a replacement back brace. Therefore, this request is not medically necessary.

**EMG/NCV knee extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic: EMGs (electromyography); Nerve conduction studies (NCS).

**Decision rationale:** The California MTUS ACOEM guidelines state that EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. EMG is not recommended for clinically obvious radiculopathy or for patients with acute, subacute or chronic back pain who do not have significant leg pain or numbness. Electrodiagnostic studies are recommended when imaging is equivocal and there are on-going pain complaints that raise questions about whether there may be a neurologic compromise. The Official Disability Guidelines state that nerve conduction studies are not recommended in low

back injuries. Guidelines state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Guideline criteria have been met. This injured worker presents with persistent low back and lower extremity pain status post microdiscectomy. There were reported MRI findings of multilevel lumbar annular tears, apparently recurrent. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. There is a compelling reason to support the medical necessity of electrodiagnostic testing when a diagnosis of radiculopathy is suggested without definitive localization of the same. Therefore, this request is medically necessary.