

<b>Case Number:</b>	CM15-0034261		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	06/14/2001
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### 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 55 year old female with an industrial injury dated 06/14/2001. Her diagnoses include status post hardware removal at L3-S1 (07/25/2013). Recent diagnostic testing has included a CT scan of the lumbar spine (03/20/2013) showing pseudoarthrosis at L5-S1 with significant anterolisthesis and narrowing of the intervertebral disc space, solid fusion at L4-L5, and questionable state of fusion at L3-L4; MRI of the lumbar spine (05/07/2014) showing post-surgical appearance after hardware removal at L4-5 and L5-S1 and significant anterolisthesis and moderately severe up-down neural foraminal stenosis. Previous treatments have included conservative measures, medications, lumbar fusion and hardware removal, and conservative therapy. In a progress note dated 01/06/2015, the treating physician reports low back pain rated 6/10 in severity with radiation into the right lower extremity (noted as new). The objective examination revealed a well healed incision site at the lumbar spine, normal gait, tenderness to palpation of the lumbar paraspinals with spasms noted, and decreased range of motion in all planes of the lumbar spine. The treating physician is requesting CT of the lumbar spine and EMG/NCS (electromyography/nerve conduction study) which were denied by the utilization review. On 02/11/2015, Utilization Review non-certified a request for CT scan of the lumbar spine, noting that the current clinical note did not provide any subjective or objective evidence of neurological compromise at a specific level. The ACOEM guidelines were cited. On 02/15/2015, Utilization Review non-certified a request for 1 EMG/NCS of the bilateral lower extremities, noting that NCS are not supported in the guidelines and that EMGs may be

necessary when the neurological examination remains unclear after one month of conservative therapy. Although it appears that the injured worker exhibited new symptoms of radiculopathy, there has been no conservative treatments for these symptoms. The ACOEM guidelines were cited. On 02/23/2015, the injured worker submitted an application for IMR for review of CT scan of the lumbar spine, and 1 EMG/NCS 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:

#### **1 CT Scan of the Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, CT.

**Decision rationale:** ODG states Not recommended except for indications below for CT. Indications for imaging; Computed tomography: Thoracic spine trauma: equivocal or positive plain films, no neurological deficit. Thoracic spine trauma: with neurological deficit. Lumbar spine trauma: trauma, neurological deficit Lumbar spine trauma: seat belt (chance) fracture. Myelopathy (neurological deficit related to the spinal cord), traumatic. Myelopathy, infectious disease patient. Evaluate pars defect not identified on plain x-rays. Evaluate successful fusion if plain x-rays do not confirm fusion (Laasonen, 1989). The treating physician has not provided documentation of a new injury, re-injury, a change in symptoms or documentation of focal neurologic deficits to meet the above guidelines. The treating physician has not provided a medical documentation to meet the above guidelines at this time. As such, the request for 1 CT Scan of the Lumbar Spine is not medically necessary.

#### **1 EMG/NCS Bilateral lower Extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), EMG, NCV.

**Decision rationale:** ACOEM recommends "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks". ODG further states that EMG is "Recommended as an option (needle, not surface). EMGs (electromyography) 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". The treating physician refers to new onset clinically obvious radiculopathy of both lower extremities. The treating physician has not documented a one month failure of conservative therapy for these symptoms. As such, the request for 1 EMG/NCS Bilateral lower Extremities is not medically necessary.