

<b>Case Number:</b>	CM15-0037894		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	10/07/2009
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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 55 year old male, who sustained an industrial injury on October 7, 2009. He reported a lower back injury. His diagnoses include lumbar degenerative disc disease, herniated nucleus pulposus/bulge, radiculopathy, and status post lumbar fusion with increasing radiculopathy. He has been treated with aquatic physical therapy, x-rays, back brace, wheeled walker, and pain, anti-epilepsy, muscle relaxant, steroid, antidepressant, and proton pump inhibitor medications. On January 20, 2015, his treating physician reports increasing lumbar and right lower extremity pain since November. His has had multiple falls with right knee has been buckling. His wife noted right calf atrophy. The physical exam revealed he walks with one assist for balance. There was right lower extremity atrophy and mild weakness of the gastrocnemius, tibialis anterior, and extensor hallucis longus. The right straight leg raise was positive. X-rays of the lumbar spine were performed during this visit. The treatment plan includes an MRI of the lumbar spine and electrodiagnostic studies of 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 per 01/20/15 order:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 01/14/15).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter on MRI.

**Decision rationale:** The patient complains of low back and right lower extremity pain. The patient is status post lumbar fusion from 08/12/2014. The physician is requesting an MRI OF THE LUMBAR SPINE FOR 01/20/2015 ORDER. The RFA from 01/26/2015 shows a request for a lumbar MRI without contrast. The patient's date of injury is from 10/07/2009 and he has reached maximum medical improvement. The ACOEM Guidelines Chapter 12 on Low Back Complaints page 303 on MRI for back pain states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery as an option. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG also states that repeat MRIs are not routinely recommended and should be reserve for significant change in symptoms and/or findings suggestive of significant pathology e.g. tumor, infection, fracture, nerve compression, and recurrent disk herniation. The records show that the patient had MRIs of the lumbar spine from 2009, 2010, and 08/20/2013 which showed: 1. Postsurgical changes from posterior spinal fusion and transforaminal interbody fusion and posterior lateral fusion at L4 - 5 level with appropriate signs of effusion. 2. Moderate spinal canal stenosis AP dimension 6 mm and mild narrowing of the lateral recesses at L3 - 4 level where there is a minimal loss of disk height dorsally, and 1-2mm bulge, moderate hypertrophy of facet joints, and thickening of ligamentum flavum and degree of spinal canal stenosis has progressed at this level since prior MRI of 11/05/2009. 3. Severe bilateral renal sign of cyst, the kidneys were not fully imaged on this study and were not image on the prior study of 11/05/2009. The 01/20/2015 report shows that the patient has been having increasing pain in the lumbar spine. He has had one episode of his legs giving out on him. Examination shows the patient uses a staff for balance. He does have atrophy in the right distal lower extremity compared to the left. The patient has 4+/5 weakness in the right gastrocnemius and tibialis anterior, as well as the extensor hallucis longus. Positive straight leg rise on the right. In this case, the patient does present with significant clinical findings and a follow-up MRI following surgery is supported by the MTUS guidelines. The request IS medically necessary.

**Electromyography (EMG) of bilateral lower extremities, per 01/20/15 order:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official disability guidelines Low Back chapter on EMG and NCV.

**Decision rationale:** This patient presents with low back and right lower extremity pain. The patient is status post lumbar fusion from 08/12/2014. The physician is requesting

ELECTROMYOGRAPHY EMG OF BILATERAL LOWER EXTREMITIES PER 01/20/2015 ORDER. The RFA from 01/26/2015 shows a request for bilateral lower extremity EMG/NCV. The patient's date of injury is from 10/07/2009 and he has reached maximum medical improvement. The ACOEM Guidelines Chapter 12 on Low Back Complaints page 303 states that electromyography -EMG- including H-reflex test may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. In addition, ODG does not recommend NCV. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. The systemic review and meta-analysis demonstrated neurological testing procedures have limited overall diagnostic accuracy in detecting disk herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/NCS often have low combined sensitivity and specificity in confirming root injury. The records show that the patient received an EMG/NCV on 03/19/2013 which showed L5 - S1 radiculopathy bilaterally. The 01/20/2015 report shows that the patient has had multiple falls recently. He has 4+/5 weakness in the right gastrocnemius and tibialis anterior as well as the hallucis longus. Straight leg raise is positive on the right. The 01/05/2015 progress report shows diminished sensation with dysesthesias, hyperpathia, paresthesias along the bilateral L5 and bilateral S1 root distribution. There is trace weakness on ankle dorsiflexion, ankle plantarflexion, great toe extension of the bilateral lower limb. Given the patient's significant clinical findings, an updated EMG of the bilateral lower extremities is warranted. The request IS medically necessary.

**Nerve Conduction Velocity (NCV) of bilateral lower extremities, per 01/20/15 order:**

Overtuned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 01/14/15).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official disability guidelines Low Back chapter on EMG and NCV.

**Decision rationale:** This patient presents with low back and right lower extremity pain. The patient is status post lumbar fusion from 08/12/2014. The physician is requesting NERVE CONDUCTION STUDY NCV OF BILATERAL LOWER EXTREMITIES PER 01/20/2015 ORDER. The RFA from 01/26/2015 shows a request for bilateral lower extremity EMG/NCV. The patient's date of injury is from 10/07/2009 and he has reached maximum medical improvement. The ACOEM Guidelines Chapter 12 on Low Back Complaints page 303 states that electromyography -EMG- including H-reflex test may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. In addition, ODG does not recommend NCV. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. The systemic review and meta-analysis demonstrated neurological testing procedures have limited overall diagnostic accuracy in detecting disk herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/NCS often have low combined sensitivity and specificity in confirming root injury. The records show that the patient received an EMG/NCV on 03/19/2013 which showed L5 - S1 radiculopathy bilaterally. The 01/20/2015

report shows that the patient has had multiple falls recently. He has 4+/-5 weakness in the right gastrocnemius and tibialis anterior as well as the hallucis longus. Straight leg raise is positive on the right. The 01/05/2015 progress report shows diminished sensation with dysesthesias, hyperpathia, paresthesias along the bilateral L5 and bilateral S1 root distribution. There is trace weakness on ankle dorsiflexion, ankle plantarflexion, and great toe extension of the bilateral lower limb. Given the patient's significant clinical findings, an updated NCV of the bilateral lower extremities is warranted. The request IS medically necessary.