

Case Number:	CM15-0041362		
Date Assigned:	04/22/2015	Date of Injury:	03/06/1987
Decision Date:	07/30/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/04/2015

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 61 year old male, who sustained an industrial injury on 03/06/1987. The mechanism of injury was not made known. Treatment to date has included chiropractic care, MRI of the lumbar spine, epidural injection, medications and therapy. According to a progress report dated 01/05/2015, subjective complaints included low back pain with numbness, tingling and weakness in the left greater than right leg. He relied on medications for pain and symptomatic relief. MRI of the lumbar spine performed in September of 2013 demonstrated herniated nucleus pulposus at L1-L2 5.4 millimeters, L2-L3 4 millimeters, L3-L4 4.8 millimeters and L4-L5 6.8 millimeters. Conservative care including an epidural steroid injection had failed to provide any significant pain relief. He continued to have difficulty with activities of daily living. He complained of increasing pain with numbness and tingling in the lower extremities. Diagnoses included lumbar radiculitis/radiculopathy secondary to herniated lumbar disc positive MRI status post lumbar epidural steroid injection with temporary relief and insomnia. The injured worker was interested in pursuing a surgical approach. The provider recommended a discographic study to confirm the source of pain in order to make the proper planning for further treatment. If discogram results were positive then the injured worker would be a candidate for posterior lumbar interbody fusion at the level of L4-5 and L5-S1. An updated MRI of the lumbar spine was requested. EMG (electromyography)/nerve conduction test of the bilateral lower extremities was requested to establish the presence of radiculitis/neuropathy. Other treatment requests included chiropractic treatment, DNA profile, Ultram, Prilosec and Norco. Currently

under review is the request for 1 discogenic study and 1 EMG/NCV (electromyography/ 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:

1 discographic study: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official disability guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Discography.

Decision rationale: Based on the 01/05/15 progress report provided by treating physician, the patient presents with low back pain with numbness, tingling and weakness in the left greater than right leg. The request is for 1 DISCOGRAPHIC STUDY. Patient's diagnosis per Request for Authorization form dated 01/05/15 includes lumbar radiculitis/ radiculopathy secondary to herniated lumbar disc, positive MRI; and status post LESI with temporary relief. Physical examination to the lumbar spine on 01/05/15 revealed myospasm and tenderness to palpation to paraspinal muscles. Range of motion was decreased, especially on extension 10 degrees. Positive Lasegue's test bilaterally. Treatment to date has included physical therapy, chiropractic care, MRI of the lumbar spine, lumbar epidural steroid injections, and medications. Patient's medications include Norco, Ultram, NSAID's and Omeprazole. The patient is permanent and stationary, per 01/05/15 report. Treatment reports were provided from 04/14/14 - 01/05/15. ACOEM guidelines p304 does not support discogram as a preoperative indication for fusion as "discography does not identify the symptomatic high-intensity zone, and concordance of symptoms with the disk injected is of limited diagnostic value." ODG guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter under Discography states: Not Recommended. Patient selection criteria for Discography if provider & payor agree to perform anyway: (a) Back pain of at least 3 months duration (b) Failure of recommended conservative treatment including active physical therapy (c) An MRI demonstrating one or more degenerated discs as well as one or more normal appearing discs to allow for an internal control injection (injection of a normal disc to validate the procedure by a lack of a pain response to that injection) (d) Satisfactory results from detailed psychosocial assessment (discography in subjects with emotional and chronic pain problems has been linked to reports of significant back pain for prolonged periods after injection, and therefore should be avoided) (e) Intended as screening tool to assist surgical decision making, i.e., the surgeon feels that lumbar spine fusion is appropriate but is looking for this to determine if it is not indicated (although discography is not highly predictive) (Carragee, 2006) NOTE: In a situation where the selection criteria and other surgical indications for fusion are conditionally met, discography can be considered in preparation for the surgical procedure. However, all of the qualifying conditions must be met prior to proceeding to discography as discography should be viewed as a non-diagnostic but confirmatory study for selecting operative levels for the proposed surgical procedure. Discography should not be ordered for a patient who does not meet surgical criteria (f) Briefed on potential risks and benefits from discography and

surgery (g) Single level testing (with control) (Colorado, 2001) (h) Due to high rates of positive discogram after surgery for lumbar disc herniation, this should be potential reason for non-certification. Per 01/05/15 report, treater states "the patient should undergo a discographic study to confirm the source of the pain in order to make the proper planning for further treatment. If the discogram results are positive, then patient would be a candidate for posterior lumbar interbody fusion at the level of L4-L5 an L5-S1." The patient has had chronic pain and has not benefited from conservative therapy and treater intends to "confirm the source of the pain." According to guidelines, discography is not supported for identification of pain. Additionally, the discogram may serve as a screening tool to assist surgical decision making, "if fusion surgery is indicated." In this case, there is no documentation that "surgical indications for fusion surgery" have been "conditionally met," to warrant a discographic study. Furthermore, ACOEM does not support discogram as a pre operative indication for fusion. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.

1 EMG (electromyography)/NCV (nerve conduction velocity) of the bilateral lower extremities: Overturned

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) EMGs (electromyography); NCV (nerve conduction velocity).

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, Nerve conduction studies, Low Back Chapter, Electrodiagnostic studies (EDS).

Decision rationale: Based on the 01/05/15 progress report provided by treating physician, the patient presents with low back pain with numbness, tingling and weakness in the left greater than right leg. The request is for 1 EMG (ELECTROMYOGRAPHY)/NCV (NERVE CONDUCTION VELOCITY) OF THE BILATERAL LOWER EXTREMITIES. Patient's diagnosis per Request for Authorization form dated 01/05/15 includes lumbar radiculitis/radiculopathy secondary to herniated lumbar disc, positive MRI; and status post LESI with temporary relief. Physical examination to the lumbar spine on 01/05/15 revealed myospasm and tenderness to palpation to paraspinal muscles. Range of motion was decreased, especially on extension 10 degrees. Positive Lasegue's test bilaterally. Treatment to date has included physical therapy, chiropractic care, MRI of the lumbar spine, lumbar epidural steroid injections, and medications. Patient's medications include Norco, Ultram, NSAID's and Omeprazole. The patient is permanent and stationary, per 01/05/15 report. Treatment reports were provided from 04/14/14 - 01/05/15. ACOEM Guidelines page 303 allows for EMG studies with H-reflex test to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. Regarding Nerve conduction studies, ODG guidelines Low Back Chapter, under Nerve conduction studies states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." ODG for Electrodiagnostic studies (EDS) states, "(NCS) which are not recommended for low back conditions, and EMGs (Electromyography) which are recommended as an option for low back." Per 01/05/15 report, treater states "I request authorization for

EMG/nerve conduction tests of bilateral lower extremities to establish the presence of radiculitis/neuropathy." Given the patient's diagnosis and continued complaints of back pain and leg components, further diagnostic testing may be useful to obtain unequivocal evidence of radiculopathy. Medical records do not indicate electrodiagnostic studies of the lower extremities has been done. The request for EMG of the bilateral lower extremities appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.