

<b>Case Number:</b>	CM15-0059392		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	08/22/2012
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 50 year old female patient who sustained an industrial injury on 08/22/2012. A primary treating office visit dated 02/17/2015 reported present subjective complaint of having a dull to sharp pain in the lower back that occurs most of the time and radiates into the right leg, knee and is accompanied with parasthesias. The pain is aggravated by lifting, sitting, bending, pushing and pulling. She is also with complaint of left knee pain accompanied with cracking, and swelling. She uses a cane to ambulate. The following diagnoses are applied: degenerative joint disease of bilateral knees, and myoligamentous strain of the lumbar spine. The patient is currently working. Recommendation for diagnostic testing to include a magnetic resonance imaging and electro nerve conduction study. Dispensed medications include: Diclofenac, Gabapentin 250mg, and Omeprazole. An orthopedic visti dated 09/11/2014 reported prior treatment to involve some physical therapy, surgical intervention of left knee in 2013, and epidural injections. She was declared permanent and stationary in 08/2013. Her present complaints are of having dull to sharp pain in the low back that radiates to right knee and accompanied with parasthesias. She also complains of left knee pain accompanied with cracking and swelling. Current medication showed Ibuprophen. She is diagnsoed with degenerative joint disease of bilateral knees and myoligamentous strain of lumbar spine. She is currently working. The plan of care involved recommending physical therapy, heat massage, transcutaneous electric nerve stimulator unit, initiate Terocin patches, initiate trial for H-wave and return for follow up in 6 weeks.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Open MRI Lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

**Decision rationale:** MTUS and ACOEM recommend MRI, in general, for low back pain when "cauda equine, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative, MRI test of choice for patients with prior back surgery." ACOEM additionally recommends against MRI for low back pain "before 1 month in absence of red flags." ODG states, "Imaging is indicated only if they have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions. Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, cauda equina syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms." The medical notes provided did not document (physical exam, objective testing, or subjective complaints) any red flags, significant worsening in symptoms or other findings suggestive of the pathologies outlined in the above guidelines. As such, the request for Open MRI lumbar spine is not medically necessary.

**Electromyography (EMG) and Nerve Conduction Velocity (NCV) studies bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS).

**Decision rationale:** ACOEM states "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 states in the Low Back Chapter and Neck Chapter, NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Medical records do not indicate clinical obvious radiculopathy. Most recent visit fails to document symptoms or radiculopathy or

abnormal exam. As such, the request for Repeat study of Electromyography and Nerve Conduction Study (EMG/NCV) of the lumbar spine is not medically necessary.