

Case Number:	CM15-0083951		
Date Assigned:	05/06/2015	Date of Injury:	05/29/2009
Decision Date:	06/05/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/01/2015

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:

The injured worker is a 35-year-old male who sustained an industrial injury on 5/29/09. Injury occurred when he lifted a 100-pound bucket of pool conditioner. Past surgical history was positive for laminotomies and interbody fusion at L5-S1 on 10/23/13. The 12/4/13 lumbar flexion, extension, and lateral x-rays showed posterior hardware at L5/S1 to be in good position. The PEEK cage appeared to the left somewhat angulated. The 1/20/14 lumbar CT scan impression documented the left S1 transpedicular screw was abutting the inferior aspect of the disc spacer on the left and osseous matrix cement placed about the disc spacer demonstrated a 4 mm focal extrusion into the left subarticular zone. There were small calcific components identified in the left L5/S1 neural foramen and resected cavity of the left L5/S1 facet joint. There was persistent right L5/S1 foraminal narrowing. An L5/S1 selective nerve root block was performed on 12/19/14 and failed to resolve the injured worker's radicular pain. The 4/15/15 pain management report cited severe back and left leg pain. He had been unable to refill his Lyrica and this resulted in an increase in his neuropathic pain. Opiate medications were required for pain reduction and to allow function. The injured worker was reported as a current every day smoker. Medications were refilled. The 4/16/15 orthopedic surgery report cited worsening lower back pain radiating down the left buttocks with numbness down the posterior thigh and calf into the plantar foot. Physical exam documented normal gait, 4+/5 left hip flexor weakness, 4/5 left ankle dorsiflexion weakness, and positive sacroiliac provocative testing. There was palpable tenderness over the hardware at L5/S1 bilaterally and over the left sacroiliac joint. The treatment plan recommended CT scan to evaluate the status of the fusion, hardware block at L5/S1 to

determine if this is the source of pain, and EMG/NCV to evaluate on-going S1 radiculopathy. The 4/23/15 utilization review non-certified the request for a lumbar spine CT scan as there was no documentation to suggest the injured worker had a pseudoarthrosis, which could be assessed with flexion, extension, and lateral lumbar x-rays. The request for bilateral upper extremity EMG/NCV was modified to bilateral lower extremity EMG as NCV was not supported when a diagnosis of radiculopathy is suspected. An additional request for bilateral L5/S1 hardware blocks was certified to determine if hardware was the cause of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT (computed tomography) Scan of the Lumbar Spine with IV (intravenous) Contrast:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - CT (computed tomography).

MAXIMUS 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: CT (computed tomography); Radiography (x-rays).

Decision rationale: The California MTUS guidelines state that unequivocal objective findings of specific nerve compromise on the neurologic exam are sufficient to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. CT scan is generally recommended for evaluation of bony structures. The Official Disability Guidelines support CT scan for evaluation of successful fusion if plain x-rays do not confirm fusion. Guidelines recommend plain x-rays for the evaluation of fusion status. Guideline criteria have not been met. There is no evidence that plain x-rays of the lumbar spine have been obtained since 12/4/13 to assess the status of the fusion and have not confirmed fusion. Therefore, this request is not medically necessary.

EMG (electromyography) / NCV (nerve conduction velocity) of the 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: Low Back - Nerve conduction studies (NCS).

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) Low Back Lumbar & Thoracic: 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 do not recommend nerve conduction studies in low back injuries. Guidelines state there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms based on radiculopathy. Guideline criteria have not been met. This patient presents with signs/symptoms and clinical exam findings consistent with on-going S1 radiculopathy. The 4/23/15 utilization review modified this request to a EMG to assess radiculopathy. There is no compelling reason to support the medical necessity of NCV in the absence of guideline support and based on clinical findings of radiculopathy. Therefore, this request is not medically necessary.