

<b>Case Number:</b>	CM15-0085820		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	09/01/2003
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: Pennsylvania  
 Certification(s)/Specialty: Internal 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 58 year old male who sustained an industrial injury on 9/1/2003. Diagnoses have included lumbar radiculopathy, lumbar herniated disc disease, lumbar degenerative disc disease, lumbar facet arthritis and lumbar myofascial spasms. Treatment to date has included acupuncture, physical therapy, home exercise program, and medication. Magnetic resonance imaging (MRI) of the lumbar spine from March 2015 showed discogenic spondylosis from L3-4 to L5-S1, right paracentral protrusion at L5-S1 compressing the right S1 nerve and left foraminal narrowing at L4-5. According to the progress report dated 1/30/2015, the injured worker complained of sharp and shooting back and leg pain rated 9/10 in severity. He reported feeling slightly weak in his leg but denied numbness or tingling. Physical exam revealed tenderness at L5 with palpation. Myofascial spasms were present. He had diminished Achilles deep tendon reflexes bilaterally and intact sensation. The injured worker continued to work, unrestricted. Plan for epidural steroid injections and a follow up visit with another physician to discuss surgical options was noted. The Utilization Review determination refers to a progress report of 4/8/15, which was not present in the documentation submitted. Authorization was requested for lumbar myelogram, 3D computed tomography scan to follow myelogram; lumbar x-rays to follow myelogram and electromyography (EMG)/nerve conduction study (NCS) of bilateral lower extremities. On 4/30/15, Utilization Review (UR) non-certified requests for the items currently under Independent Medical Review, citing the MTUS and ODG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Myelogram: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure, Criteria for Myelography and CT Myelography.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter: computed tomography, myelography.

**Decision rationale:** This injured worker has chronic back and leg pain. Recent MRI of the lumbar spine in March 2015 showed multilevel spondylosis and a right L5-S1 disc protrusion compressing the right S1 nerve root. The ACOEM recommends computed tomography (CT) or MRI when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. Myelography or CT myelography for preoperative planning is an option if MRI is unavailable. The ODG states that MRI has largely replaced CT scanning in the noninvasive evaluation of patients with painful myelopathy because of superior soft tissue resolution and multiplanar capability. The ODG notes a meta-analysis of randomized trials which finds no benefit to routine lumbar imaging (radiography, MRI, or CT) for low back pain without indications of serious underlying conditions. The ODG notes lumbar spine trauma, traumatic myelopathy, infectious myelopathy, evaluation of pars defect not identified on plain x-rays, and evaluation of successful fusion if plain x-rays do not confirm fusion as indications for CT imaging. Myelography is not recommended except for selected indications, when MRI cannot be performed or in addition to MRI. The ODG criteria for myelography and CT myelography include demonstration of the site of a cerebrospinal fluid leak, surgical planning, radiation therapy planning, diagnostic evaluation of spinal or basal cisternal disease and infection involving the bony spine, intervertebral discs, meninges and surrounding soft tissues, or inflammation of the arachnoid membrane, poor correlation of physical findings with MRI studies, or preclusion of use of MRI for issues such as claustrophobia, technical issues (such as patient size), safety reasons (such as pacemaker), and surgical hardware. In this case, the injured worker has already undergone a recent MRI, and none of the criteria noted for myelography were documented for this injured worker. Due to lack of specific indication, the request for lumbar myelogram is not medically necessary.

**3D CAT scan to follow Myelogram: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter: computed tomography, myelography.

**Decision rationale:** This injured worker has chronic back and leg pain. Recent MRI of the lumbar spine in March 2015 showed multilevel spondylosis and a right L5-S1 disc protrusion compressing the right S1 nerve root. The ACOEM recommends computed tomography (CT) or MRI when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. Myelography or CT myelography for preoperative planning is an option if MRI is unavailable. The ODG states that MRI has largely replaced CT scanning in the noninvasive evaluation of patients with painful myelopathy because of superior soft tissue resolution and multiplanar capability. The ODG notes a meta-analysis of randomized trials which finds no benefit to routine lumbar imaging (radiography, MRI, or CT) for low back pain without indications of serious underlying conditions. The ODG notes lumbar spine trauma, traumatic myelopathy, infectious myelopathy, evaluation of pars defect not identified on plain x-rays, and evaluation of successful fusion if plain x-rays do not confirm fusion as indications for CT imaging. Myelography is not recommended except for selected indications, when MRI cannot be performed or in addition to MRI. The ODG criteria for myelography and CT myelography include demonstration of the site of a cerebrospinal fluid leak, surgical planning, radiation therapy planning, diagnostic evaluation of spinal or basal cisternal disease and infection involving the bony spine, intervertebral discs, meninges and surrounding soft tissues, or inflammation of the arachnoid membrane, poor correlation of physical findings with MRI studies, or preclusion of use of MRI for issues such as claustrophobia, technical issues (such as patient size), safety reasons (such as pacemaker), and surgical hardware. In this case, the injured worker has already undergone a recent MRI, and none of the criteria noted for CT imaging or CT myelography were documented for this injured worker. Due to lack of specific indication, the request for 3D CAT scan to follow Myelogram is not medically necessary.

**Lumbar x-rays to follow Myelogram: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Routine X-rays.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296, 303. Decision based on Non-MTUS Citation ODG low back chapter: radiography (x-rays).

**Decision rationale:** This injured worker has chronic back and leg pain. Recent MRI of the lumbar spine in March 2015 showed multilevel spondylosis and a right L5-S1 disc protrusion compressing the right S1 nerve root. The ACOEM low back chapter notes that for acute lumbar strain, no tests are indicated for 4-6 weeks; for lumbosacral nerve root compression with radiculopathy, no tests are indicated for 4-6 weeks unless compression is severe or progressive. Lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks, but may be appropriate when the physician believes it would aid in pain management. The ODG also states that routine x-rays are not recommended in the absence of red flags for serious spinal pathology. The ODG lists specific indications for imaging with plain x-rays. None of these indications were present for this injured worker. The injured worker reported ongoing back and leg pain, with slight weakness in the leg. No red flag finding were documented. The injured

worker had already undergone recent MRI with findings as noted. In addition, the associated myelogram has been determined to be not medically necessary. Due to lack of specific indication, the request for Lumbar x-rays to follow Myelogram is not medically necessary.

**EMG/NCS of the 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, Nerve Conduction Studies.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter: EMGs (electromyography), nerve conduction studies.

**Decision rationale:** The ACOEM states that electromyography (EMG) may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The ODG states that EMG may be useful to obtain unequivocal evidence of radiculopathy after one month of conservative therapy, but that EMGs are not necessary if radiculopathy is already clinically obvious. The ODG states that nerve conduction studies are not recommended, as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This injured worker has lumbar radiculopathy with lumbar herniated disc disease. Symptoms include back and leg pain, with feeling of weakness in the leg. Recent MRI showed a disc protrusion with compression of the right S1 nerve root. In this case, radiculopathy is clinically obvious, and per the guidelines, EMG is not necessary in this circumstance. The guidelines also recommend against nerve conduction studies in such a circumstance. Due to lack of specific indication, the request for EMG/NCS of the bilateral lower extremities is not medically necessary.