

<b>Case Number:</b>	CM14-0112823		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	09/12/1997
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2014

### 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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 64 year-old male who reported a work related injury on 09/12/1997. The injury reportedly occurred when he was changing a water bottle that slipped. He is diagnosed with lumbar radiculopathy. His past treatment has consisted of a cervical epidural steroid injection on 08/22/2013 and medication. The injured worker's surgical history was not provided for review. It was noted that an MRI was performed over 10 years ago to the lumbar spine. However, the findings of the MRI were not provided for review. On 06/25/2014, it was noted that the injured worker had been treated with a steroid dosepak which was noted to have been less effective than usual. It was also noted that he had been "laid up" for one week about one month prior to his visit. The clinical note was handwritten and multiple abbreviations and symbols were used, making it difficult to decipher. The legible information included documentation stating that the injured worker had "worse pain now" referencing the low back, as well as some leg pain, and that he was not "back to his baseline." Upon examination, it was noted that the injured worker had tenderness of the lumbar spine, he could get up on his toes but could not take any steps forward, and he was able to take a few steps on his heels. The neurological examination findings were not thoroughly described, but short-hand information indicates possible deficits in motor strength, reflexes, and sensation. As notes show patella reflexes were "0-1" and Achilles reflexes were "0/0"; weakness was noted in the right hamstrings; and an unspecified finding in the toes was decreased. The prescribed medications consisted of Vicodin, Celebrex, and Prednisone. The treatment plan included a lumbar epidural steroid injection, probable lower extremity electrodiagnostic testing, and an updated lumbar spine MRI. A specific rationale for the requests was not provided. The request for authorization form was submitted on 06/25/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Lumbar Spine MRI:** 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, MRI's (Magnetic Resonance Imaging).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRI.

**Decision rationale:** The request for a lumbar spine MRI is not medically necessary. The Official Disability Guidelines state a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The injured worker was noted to have a possible exacerbation of the low back as he was noted to have new symptoms, with low back and leg pain, and had recently been treated with steroids. The physical examination revealed evidence of neurological deficits; however, documentation of the neurological examination findings was unclear. Additionally, there was no evidence showing that an adequate course of conservative care, including physical therapy, had been attempted for the low back. Moreover, previous clinical information with details regarding the injured worker's history and treatment in regard to his low back was not provided in order to establish that a significant change has occurred. Furthermore, his previous MRI report was not provided to determine whether his current clinical status correlates with the previous findings. Therefore, based on the lack of clear objective evidence of significant neurological deficits which have been shown to progress or change since the time of his previous MRI, and details regarding his history and treatment of the low back, as well as the previous MRI report, the necessity of an updated MRI cannot be determined. Therefore, the request for an MRI of the lumbar spine is not medically necessary.

### **Lower Extremity Electrodiagnostic Testing:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Electrodiagnostics Studies (EDS).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, NCS (nerve conduction studies).

**Decision rationale:** The request for Lower Extremity Electrodiagnostic Testing is not medically necessary. The California MTUS/ACOEM guidelines state electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. In regard to nerve conduction studies, the Official Disability Guidelines state that these studies are not recommended for patient presumed to have symptoms on the basis of radiculopathy. The injured worker was noted to have low back and leg pain, and he had recently

been treated with steroids and other medications. The physical examination revealed evidence of neurological deficits; however, documentation of the neurological examination findings was unclear. Additionally, there was no evidence showing that an adequate course of conservative care, including physical therapy, had been attempted for the low back. Therefore, based on the lack of objective evidence of significant neurological deficits in a nonspecific pattern, and documentation showing the failure of an adequate course of physical therapy, electromyography to confirm radiculopathy is not supported. Moreover, nerve conduction studies are not supported as the injured worker was noted to have symptoms from radiculopathy. Therefore, the request for Lower Extremity Electrodiagnostic Testing is not medically necessary.