

<b>Case Number:</b>	CM14-0161840		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	03/31/2006
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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:

According to the records made available for review, this is a 46-year-old female with a 3/31/06 date of injury. At the time (9/8/14) of request for authorization for Single-Positional MRI Lumbar Spine, EMG/NCV of the Lumbar Spine, and 1 EMG/NCV of the Lower Extremities, there is documentation of subjective (low back pain radiating to posterior aspect of bilateral legs to knees with weakness/tingling over low back as well as bilateral legs) and objective (decreased lumbar range of motion, tenderness over bilateral paraspinal muscles, and positive kemp's test) findings, imaging findings (reported MRI lumbar spine (4/30/12) revealed status post micro-laminectomy at L5/S1, recurrent disc seen at L5/S1, L4/5 disc dessication with annular bulge, and L3/4 disc protrusion, central and foraminal with stenosis), current diagnoses (lumbar sprain, lumbar radiculopathy, and lumbosacral plexus lesions), and treatment to date (chiropractic therapy, acupuncture therapy, and medications). Medical report identifies a request for MRI of lumbar spine to evaluate deterioration of lumbar spine post surgically. Regarding MRI, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeated study is indicated (to diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to diagnose a change in the patient's condition marked by new or altered physical findings); and an imaging report. Regarding EMG/NCV, there is no documentation of a rationale for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy; and that clinical findings are unclear, there is a discrepancy in imaging, or to identify other etiologies of symptoms.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Single-Positional MRI Lumbar Spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Minnesota Rules, 5221.6100 Parameters for Medical Imaging

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of MRI. ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat MRI. Within the medical information available for review, there is documentation of a diagnosis of lumbar sprain, lumbar radiculopathy, and lumbosacral plexus lesions. In addition, there is documentation of a request for MRI of lumbar spine to evaluate deterioration of lumbar spine post surgically. However, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeated study is indicated (to diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to diagnose a change in the patient's condition marked by new or altered physical findings). In addition, despite documentation of a 2012 medical reports' reported imaging findings (MRI of lumbar spine identifying status post micro-laminectomy at L5/S1, recurrent disc seen at L5/S1, L4/5 disc dessication with annular bulge, and L3/4 disc protrusion, central and foraminal with stenosis), there is no documentation of an imaging report. Therefore, based on guidelines and a review of the evidence, the request for Single-Positional MRI Lumbar Spine is not medically necessary.

### **EMG/NCV of the Lumbar Spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** The MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, ODG does not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Furthermore, ODG identifies that EMG is useful in cases where clinical findings are unclear, there is a discrepancy in imaging, or to identify other etiologies of symptoms. Within the medical information available for review, there is documentation of diagnosis of lumbar sprain, lumbar radiculopathy, and lumbosacral plexus lesions. In addition, there is documentation of focal neurologic dysfunction with low back symptoms lasting more than three to four weeks. However, there is no documentation of a rationale for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. In addition, given documentation of an associated request for MRI of the lumbar spine, there is no documentation that clinical findings are unclear, there is a discrepancy in imaging, or to identify other etiologies of symptoms. Therefore, based on guidelines and a review of the evidence, the request for EMG/NCV of the Lumbar Spine is not medically necessary.

**1 EMG/NCV of the Lower Extremities:** Upheld

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

**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, Electrodiagnostic studies

**Decision rationale:** The MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, ODG does not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Furthermore, ODG identifies that EMG is useful in cases where clinical findings are unclear, there is a discrepancy in imaging, or to identify other etiologies of symptoms. Within the medical information available for review, there is documentation of diagnoses of lumbar sprain, lumbar radiculopathy, and lumbosacral plexus lesions. In addition, there is documentation of focal neurologic dysfunction with low back symptoms lasting more than three to four weeks. However, there is no documentation of a rationale for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. In addition, given documentation of an associated request for MRI of the lumbar spine, there is no documentation that clinical findings are unclear, there is a

discrepancy in imaging, or to identify other etiologies of symptoms. Therefore, based on guidelines and a review of the evidence, the request for 1 EMG/NCV of the Lower Extremities is not medically necessary.