

<b>Case Number:</b>	CM14-0182517		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	02/10/2010
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 69 year old female with an injury date of 02/10/10. Based on 10/20/14 progress report, the patient complains of worsening spine pain radiating to the left leg with significant weakness of the leg. The pain is rated at 5-6/10 and is causing trouble with walking, standing and bending. The patient had started to fall due to left leg problems. Physical examination revealed that the patient is unable to walk on tip toes and heels. The range of motion on the lumbar spine is restricted. The patient's flexibility is at 50% flexion, 25% extension, and 25% lateral bending and rotation. As per progress report dated 09/11/14, the patient rates her low back and left lower extremity pain at 8/10. Physical examination reveals tenderness to palpation of the lumbar paraspinal muscles. Her range of motion is 25% in flexion. In progress report dated 07/24/14, the treater states that the patient's condition "improved, but slower than expected." In progress report dated 06/26/14, the patient rates her pain at 6/10. She states that pain radiated "into her left leg laterally and posteriorly all the way to the ankle with no numbness or tingling sensation." The patient was diagnosed with lumbar radiculopathy, as per report dated 05/29/14. The patient used anti-inflammatory medications that did not help, as per progress report dated 10/20/14. She uses a cane for ambulation. Her medications include Relafen, Percocet and Flexeril. The patient was also recommended home exercises, as per report dated 06/26/14. The patient was allowed to return to work as of 07/24/14 for a sit down job with 5 minutes of break every 55 minutes. EMG/NCV as per progress report dated 05/15/14- Mild left S1 radiculopathy. MRI of the Lumbar Spine, performed on 02/10/10, as per progress report dated 05/15/14: Diffused disc bulging at L3-4, L4-5, L5-S1 with left annular tear at L4-5 and L5-S1. Diagnosis on 10/20/14 included the following:- Chronic lumbar discogenic pain with progression- Severe left lower extremity weakness with radicular pain- Disc protrusion at L4-L5 and L5-S1- Sacroiliac Joint

Dysfunction- Myofascial Pain Syndrome- Chronic Depression- Chronic Anxiety- Chronic Insomnia- S/P Arthrodesis, Anterior and Posterior, Lumbar- Degenerative Disc Disease, Lumbar Spine- Testicular PainThe treater is requesting for EMG/NCV of the left lower extremity (b) MRI of the lumbar spine. The utilization review determination being challenged is dated 10/31/14. The rationale indicates the following:(a) EMG/NCV of the left lower extremity - "It appears electro diagnostic studies have already been done; it is not clear what is driving the need for another set."(b) MRI of the lumbar spine - "Indiscriminate imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery." Treatment reports were provided from 05/15/14 - 10/20/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **EMG/NCV of the left lower extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ODG, Low Back, 2014 web-based edition. California MTUS Guidelines, web-based edition <http://www.dir.ca.gov/t8/ch4>

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 303, 260-262.

**Decision rationale:** The patient presents with the patient complains of worsening spine pain, rated at 5-6/10, radiating to the left leg with significant weakness of the leg, as per progress report dated 10/20/14. The request is for EMG/NCV of the left lower extremity. For EMG, ACOEM Guidelines page 303 states "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." ODG guidelines under foot/ankle chapter does not discuss electrodiagnostics. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist."In this case, the patient presents with back pain radiating to the left leg, as per progress report dated 10/20/14. Review of the reports do not show any new symptoms. Also, ACOEM guidelines recommend repeat electrodiagnostic studies only if the test is initially negative and the symptoms persist . In this case, the patient did receive EMG/NCV for the left lower extremity in the past, as per progress report dated 05/22/14, which confirmed the radiculopathy. The treater does not explain why another set is required. There is no new injury, and no progression of neurologic deficits. The request for EMG/NCV of the left lower extremity is not medically necessary.

#### **MRI of the lumbar spine: 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, 2014 web-based edition. California MTUS Guidelines, web-based edition <http://www.dir.ca.gov/t8/ch4>

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, MRI

**Decision rationale:** The patient presents with the patient complains of worsening spine pain, rated at 5-6/10, radiating to the left leg with significant weakness of the leg, as per progress report dated 10/22/14. The request is for MRI of the lumbar spine. ACOEM Guidelines, chapter 8, page 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. Repeat MRI's are indicated only if there has been progression of neurologic deficit. In this case, the patient received an MRI of the Lumbar Spine, performed on 02/10/10, as per progress report dated 05/15/14, which revealed diffused disc bulging at L3-4, L4-5, L5-S1 with left annular tear at L4-5 and L5-S1. The most recent physician report dated 10/20/14 states that the treater "wants to reevaluate her spine with an MRI to look for progression of herniation or stenosis." The guidelines, however, state that routine updates of MRI's are not required to check the patient's progress. The guidelines support updated MRI's for progressive neurologic changes, significant change in clinical presentation, post-operative evaluation and for new injury/red flags, which are absent in this case. The request for MRI of the lumbar spine is not medically necessary.