

Case Number:	CM14-0184384		
Date Assigned:	11/12/2014	Date of Injury:	06/12/2012
Decision Date:	12/18/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	11/05/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 41 year old female with a work injury dated 6/12/12. The diagnoses include chronic low back pain, mild disc bulge at L5 eccentric to (L) without stenosis. Under consideration are requests for a repeat lumbar MRI to compare with the 2012 MRI; and an electromyography/nerve conduction study (EMG/NCS) for the bilateral lower extremities. There is a 3/19/14 document which states that Lumbar spine MRI, August 30, 2012. Mild disc desiccation and minimal disc bulge at L4-5. Electrodiagnostic studies were done on April 25, 2011, which revealed no definite abnormalities were seen but the results were inconclusive as the study was technically difficult eccentric to the left without stenosis and mild facet hypertrophic changes at L5-S I. There is a progress note dated 9/18/14 which states that the patient continues to complain of low back pain, which she stated "sustained" since last visit on 03/14/14. Her pain level is worse in the morning when she gets up, she rates it at 9/10 and if she moves around at 6-7/10. She has been trying to walk up for a mile. At that time, she lost about 40 pounds. She went from 280 to 240. She is using the TENS unit, which is helping. On exam the patient is obese. She is weighing 240 pounds and is 5 feet 4 inches tall. Her gait is normal. Lumbar flexion is 40 to 50 degrees. Extension is 10 degrees. There is tenderness to palpation. Straight leg raising is negative on the right and positive on the left at 30 degrees with hamstring tightness. Sensory and motor exams are intact. Reflexes are 1/4 and symmetrical at the bilateral patella and Achilles. The diagnoses are chronic low back pain; mild disc bulge at L4-L5 eccentric to the left without stenosis, otherwise normal MRI on 08/30/2012; left lower extremity radiculitis, rule out radiculopathy. The treatment plan is to continue home exercise program and stretching. She will use the TENS unit and lose weight. She will continue her medications and a repeat MRI of

the lumbar spine with comparison to previous one in 2012 to see if there are any interval changes and electrodiagnostic evaluation of the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat lumbar MRI to compare with the 2012 MRI: 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 Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-3-4.

Decision rationale: Repeat lumbar MRI to compare with the 2012 MRI is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS guidelines state that relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion because of the possibility of identifying a finding that was present before symptoms began and therefore has no temporal association with the symptoms. Imaging studies should be reserved for cases in which surgery is considered or red flag diagnoses are being evaluated. The documentation does not indicate red flag conditions, a plan for surgery or a progressive neurologic dysfunction. The documentation is not clear how this would change the patient's management. The request for repeat lumbar MRI to compare to 2012 MRI is not medically necessary.

Electromyography/nerve conduction study (EMG/NCS) for the bilateral lower extremities: 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 Chapter

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) Lumbar & Thoracic (Acute & Chronic) Electrodiagnostic studies (EDS)

Decision rationale: Electromyography/nerve conduction study (EMG/NCS) for the bilateral lower extremities is not medically necessary per the MTUS and ACOEM guidelines. The ODG states that nerve conduction studies are not recommended for low back conditions, and electromyography which are recommended as an option for low back. Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The documentation reveals a normal motor and sensory exam. There are no signs suggestive of a peripheral polyneuropathy or entrapment/compression neuropathy in the bilateral lower extremities. It is unclear how an EMG/NCS would change the treatment plan for this patient from the

documentation submitted. The request for electromyography/nerve conduction study (EMG/NCS) for the bilateral lower extremities is not medically necessary.