

<b>Case Number:</b>	CM14-0215481		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	03/04/1991
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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. 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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:

According to the records made available for review, the injured worker is a 56 year-old female with a date of injury of 03/04/1991. The results of the injury include low back pain. Diagnoses have included post-laminectomy syndrome of lumbar region, lumbar radiculitis, acquired spondylolisthesis, and left ankle fracture. Diagnostic studies have not been submitted for review. Treatments have included medications, steroid injections, and surgical intervention. Medications have included Flexeril, Ultram, Terocin patches, Protonix, and Vicodin. Surgical interventions have included a lumbar fusion L4-S1 in 2002. A progress note from the treating physician, dated 12/05/2014, documents a follow-up examination of the injured worker. A recent MRI of the lumbar spine was reviewed and demonstrated Grade 1 spondylolisthesis at L3-L4 above prior L4-S1 fusion; and fluid collection dorsal to prior surgery site is stable in appearance. The injured worker reported severe low back and radicular pain to the left quad, and right ankle pain; and standing and walking endurance is poor and limited to 15-20 minutes. Objective findings included strength testing of the major muscles innervated by the lumbar spine grade at 5/5, except right tibialis anterior is 4/5 and left quadriceps is 4/5; sensory testing for pain of the upper leg is intact on the right, diminished on left quadriceps. Work status is listed as currently not working. Treatment plan was documented to include EMG/NCV lumbar and lower extremities; X-rays of the lumbar spine 4 views with flexion/extension; CT scan lumbar to assess fusion, rule out pseudoarthrosis at prior L4-S1 fusion; X-rays of right ankle(at separate facility); and follow-up evaluation in four weeks. Request is being made for a prescription for EMG/NCV for Lumbar and Bilateral Lower Extremities; a prescription for Lumbar CT Scan; and a prescription for

Lumbar X-rays 4 views. On 12/16/2014, Utilization Review non-certified a prescription for EMG/NCV for Lumbar and Bilateral Lower Extremities. Utilization Review non-certified a prescription for EMG/NCV for Lumbar and Bilateral Lower Extremities based on the documented positive findings on the MRI of the lumbar spine. The EMG/NCV would not be necessary to diagnose lumbar radiculopathy. The Utilization Review cited the CA MTUS/ACOEM Guidelines: The Back, Special Studies and Diagnostic and Treatment Considerations. Utilization Review non-certified a prescription for Lumbar CT Scan. Utilization Review non-certified a prescription for Lumbar CT Scan based the lack of documented reason for the request, as the injured worker recently had an MRI of the spine. The Utilization Review cited the CA MTUS/ACOEM Guidelines: The Back, Special Studies and Diagnostic and Treatment Considerations. Utilization Review non-certified a prescription for Lumbar X-rays 4 views. Utilization Review non-certified a prescription for Lumbar X-rays 4 views based on the injured worker already having x-rays and MRI scan done. As well, there is lack of documentation of a new trauma or change in symptoms. The Utilization Review cited the CA MTUS/ACOEM Guidelines: The Back, Special Studies and Diagnostic and Treatment Considerations. Application for independent medical review was made on 12/23/2014.

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

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

**EMG/NCV for Lumbar and Bilateral Lower extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-326.

**Decision rationale:** Per the guidelines, electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with low back symptoms, or both, lasting more than three or four weeks. They can identify low back pathology in disc protrusion. This injured worker has already had a lumbar MRI to identify structural abnormalities. There are no red flags on physical exam to warrant further imaging, testing or referrals. The records do not support the medical necessity for an EMG/NCV of the bilateral lower extremities.

**Lumbar CT Scan:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-310.

**Decision rationale:** This injured worker had prior radiographic studies including MRI of the lumbar spine. MRI can be useful to identify and define low back pathology in disc protrusion

and spinal stenosis. However, the lumbar pathology had been delineated and documented on prior studies. In the absence of physical exam evidence of red flags, a CT scan of the lumbar spine is not medically indicated. The medical necessity of a lumbar CT scan is not substantiated in the records.

**Lumbar X-rays 4 views:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This injured worker had prior radiographic studies including MRI of the lumbar spine. Lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spine pathology, even if the pain has persisted for at least 6 weeks. The physical exam and clinical history did not have “red flags” associated with them and the lumbar pathology had been delineated and documented on prior studies. The medical necessity of lumbar x-rays is not substantiated in the records.