

<b>Case Number:</b>	CM15-0012264		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	10/23/2012
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: North Carolina, Georgia  
 Certification(s)/Specialty: Family Practice

### 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 55 year old male, who sustained an industrial injury on October 23, 2012. The diagnoses have included obesity, neuritis, post-surgery back pain, and degeneration of the lumbar intervertebral disc. Treatment to date has included L4-L5 and L5-S1 lumbar fusion on September 3, 2013, physical therapy, acupuncture, a weight reduction program, and medications. Currently, the injured worker complains of a grinding sensation in the lower back, and lower extremity pain, with weakness and difficulty walking. A MRI of the lumbar spine dated February 8, 2014, noted lumbar spine fusion from L4-S1, laminectomy changes from L3-L5 vertebra, and moderate L3-L4 and L4-L5 spondylosis. The Treating Physician's report dated December 22, 2014, noted the injured worker in slight moderate distress secondary to left lower extremity pain, with tenderness in the lumbar paraspinal muscles. On January 15, 2015, Utilization Review non-certified a MRI of the lumbar spine and an EMG/NCS of the bilateral lower extremities, noting the documentation did not establish objective evidence of a focal neurological deficit and/or progression/deficit in the lower extremities. The MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines and the Official Disability Guidelines (ODG) were cited. On January 21, 2015, the injured worker submitted an application for IMR for review of a MRI of the lumbar spine and an EMG/NCS of the bilateral lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289-290. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar and Thoracic

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

**Decision rationale:** ACOEM chapter on back complaints describes that MRI is indicated when there are unequivocal objective findings of specific nerve compromise in a person with symptoms who do not respond to treatment and for whom surgery would be a reasonable intervention. An MRI was performed in June 2014 and there is no documentation of any new objective or subjective symptom for which MRI would be indicated, specifically there are no new findings of any specific nerve root compromise. MRI of lumbar spine is not medically necessary.

**EMG/NCS of bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Nerve conduction studies (NCS), and electromyography (EMG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 303-304.

**Decision rationale:** CA MTUS/ACOEM allows for the use of EMG and NCV for the evaluation of radiculopathy and peripheral neuropathy when symptoms are present for more than a few weeks. These tests may help identify subtle focal neurologic dysfunction in cases of lower extremity symptoms. The submitted records do not describe any signs of focal neuropathy or radiculopathy. EMG/NCS of lower extremities is not medically necessary.