

<b>Case Number:</b>	CM15-0017768		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	04/01/2013
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 37 year old male, who sustained an industrial injury on 04/01/2013. The diagnoses have included large lumbar disc herniation, lumbar disc extrusion, and lumbar radiculopathy. Treatments to date have included epidural steroid injections, back brace, physical therapy, acupuncture, and medications. Diagnostics to date have included lumbar spine x-rays revealed mild L5-S1 disc space narrowing and lumbar spine MRI on 05/13/2013 revealed an annular disc fissure with diffuse bulge resulting in mild stenosis and narrowing at L5-S1, 9x11x6mm central/right disc extrusion at L4-5, diffuse disc bulge and left central disc protrusion causing compression of the thecal sac with central canal stenosis and bilateral foraminal exit zone narrowing, and mild disc bulge at L2-3. In a progress note dated 11/17/2014, the injured worker presented with complaints of low back pain with right leg radiating symptoms. The treating physician reported the injured worker's pain in his low back increased with prolonged sitting, standing, bending, lifting, and carrying heavy items. Utilization Review determination on 01/16/2015 non-certified the request for MRI with Contrast for the Lumbar Spine, Lower Back and EMG/NCV (electromyography/nerve conduction velocity) Bilateral Lower Extremities citing Medical Treatment Utilization Schedule American College of Occupational and Environmental Medicine and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI with contrast for the lumbar spine:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back chapter, MRI imaging

**Decision rationale:** The patient presents with severe low back pain and paresthesias into the lower extremities. The current request is for MRI of the lumbar spine. The MTUS guidelines are silent on repeat MRI scans for lumbar conditions. The ODG state that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, or recurrent disc herniation), to follow up a surgical procedure, to diagnose a change in a condition marked by new or altered physical findings, to evaluate a new episode of injury which in and of itself would warrant a new imaging study, or when the present study is considered technically inadequate. In this case, the available medical records indicate that an MRI was performed on 5/13/13. The medical records provided fail to support the need for a follow-up MRI. Physical examination findings are consistent with lumbar HNP and radiculopathy. Prior MRI findings clearly demonstrate the presence of a central to right central disc extrusion at L4-5 with compression of the right L5-S1 nerve roots. There is no indication as to why an additional MRI is needed at this time in the records provided for review. As such, the recommendation is for denial.

**EMG/NCV bilateral lower extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back chapter, EMG/NCV

**Decision rationale:** The patient presents with severe low back pain and paresthesias into the lower extremities. The current request is for EMG/NCV. ODG guidelines state that EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Repeat studies are not addressed. In this case, the physical examination findings and MRI findings are consistent, and demonstrate the presence of radiculopathy. However, the MRI does not show frank neural compression. As such, there is medical need to further demonstrate the presence of radiculopathy and an EMG study, in this case, is supported by the guidelines. With regard to NCV, evaluation for peripheral neuropathy should be done as it falls within the differential. Medical necessity has been established and recommendation is for authorization.

