

<b>Case Number:</b>	CM15-0119453		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	01/25/2013
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: Texas, California

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:

This is a 46 year old female patient, who sustained an industrial injury on 1/25/2013. Diagnoses have included right lumbar radiculopathy secondary to L5-S1 disc protrusion and S1 radiculopathy, status post lumbar decompression dated 3/9/2015. According to the progress report dated 5/29/2015, she had complaints of low back pain with right lower extremity symptoms rated 9/10. She reported that Tramadol decreased somatic pain an average of four to five points on a scale of ten. Objective improvement included increased tolerance to exercises as well as greater range of motion. Non-steroidal anti-inflammatory drugs improved range of motion and decreased the "achy pain" by an additional three points. The physical examination revealed a well healed lumbar incision, spasm of the lumboparaspinal musculature; lumbar range of motion- flexion 40, extension 35, left/right lateral tilt 40 and left/right lateral rotation 35 degrees. She reported initial improvement following recent lumbar surgery; however, the condition was now worsening. The medications list includes tramadol ER, hydrocodone, naproxen, cyclobenzaprine, pantoprazole and ambien. She has undergone lumbar decompression on 3/9/2015. She has had lumbar MRI dated 11/24/2014 which revealed no significant changes since last study, diffuse lumbar spondylosis most pronounced at L5-S1, central disc protrusion that contact but does not compress or displace descending bilateral S1 nerve root; EMG/NCS of the lower extremities on unspecified date. These diagnostic study reports were not specified in the records provided. She has had physical therapy and medication with improvement. Authorization was requested for magnetic resonance imaging (MRI) of the lumbar spine and electromyography (EMG)/nerve conduction velocity (NCV) 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 L spine with and without dye:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 07/17/15) MRIs (magnetic resonance imaging).

**Decision rationale:** Per ODG low back guidelines "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)". Patient had worsening pain after surgery. Patient had significant pain at 9/10 with physical findings including spasm and decreased range of motion. She has tried medications and physical therapy. A lumbar MRI is medically appropriate to evaluate for post op complications. The request of MRI L spine with and without dye is medically appropriate and necessary for this patient.

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** Per ACOEM chapter 12 guidelines, "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". Per the records provided patient has low back pain with right lower extremity symptoms and physical examination revealed lumbar spine-spasm of the lumboparaspinal musculature; lumbar range of motion- flexion 40, extension 35, left/right lateral tilt 40 and left/right lateral rotation 35 degrees. Patient has already had an EMG/NCS of the lower extremities on an unspecified date. These diagnostic study reports were not specified in the records provided. Significant change in signs or symptoms since this study that would require repeat EMG/NCS is not specified in the records provided. In addition, lumbar MRI is certified. Therefore need of additional diagnostic study without report of lumbar MRI is not specified in the records provided. The request for EMG/NCV bilateral lower extremities is not medically necessary or fully established for this patient at this time.