

<b>Case Number:</b>	CM15-0124975		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	12/24/2013
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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  
 Certification(s)/Specialty: Internal 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:

The injured worker is a 54 year old female, who sustained an industrial injury on 12/24/2013. She reported a slip and fall, with her right leg in front of her, and left leg out to the side. An additional cumulative trauma injury, with resultant left shoulder surgery, was also noted. The injured worker was diagnosed as having possible lumbar radiculopathy and morbid obesity. Treatment to date has included diagnostics, injection to her left knee, lumbar support, modified work, and medications. Currently (5/18/2015), the injured worker complains of recurrent pain in her low back, radiating to her right buttock, hips and legs, with pain extending to her knees. She had numbness and tingling in her right leg, along with weakness in her legs. Her pain levels varied throughout the day and she was experiencing unspecified bowel dysfunction. She also reported recurrent pain in her hips, located in her groin and side of her hips. She stated that pain affected activities of daily living and she was currently not working. Exam of the lumbar spine noted intact motor and decreased sensation along the lateral aspect of both legs. Straight leg raise test was negative for radicular pain. X-rays of the lumbar spine and both hips were referenced. The treatment plan included magnetic resonance imaging of the lumbar spine and electromyogram and nerve conduction studies of the lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar spine:** Overturned

**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): 289, 290, 303, 304.

**Decision rationale:** The AECOM states that in the absence of red flag warning symptoms imaging and further testing are usually not helpful in the first 4 to 6 weeks of presentation of acute lumbar pain. Indiscriminate use of MRI exams often result in false positive findings such as disc bulges which do not cause symptoms or warrant surgical consideration. Symptoms which point toward the following disorders; fracture, tumor, infection, the cauda equina syndrome, or progressive neurological deficit; would be considered to be red flag warnings. Unequivocal objective findings demonstrating nerve compromise on exam and where surgery would be considered as a therapeutic option is sufficient evidence to image patients with an MRI or other radiological exams if conservative treatment has failed. MRI scanning is utilized when neural or soft tissue pathology is suspected and CT scan is often utilized when bony structures are suspected to be the problem. Also MRI studies may be utilized in order to help in diagnosis of problems that do not need surgery such as sciatica caused by the piriformis syndrome in the hip. MRI imaging is especially useful in the diagnosis of disc protrusion, cauda equine syndrome, spinal stenosis, and post laminectomy syndrome. The above patient has chronic pain in the lumbar spine which recently was noted to be more symptomatic. At present she is noting bowel dysfunction, increased weakness and numbness in the legs. Physical exam confirmed the decrease in sensation. The cauda equina syndrome could present with bowel dysfunction. Although the straight leg test was negative there is sufficient evidence of neurological compromise that an MRI could be beneficial in diagnosing the exact pathology which the patient has and if more aggressive treatment is necessary. If indeed a cauda equina syndrome is presenting the MRI scan would be urgent. The UR decision is overturned and medically necessary.

**EMG/NCS of the lower extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NCS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines pain section Page(s): 303 and 304.

**Decision rationale:** The MTUS states that EMG may be helpful in identifying subtle, focal neurological dysfunction in patients with lumbar pain after more than 3 to 4 weeks of conservative treatment. It also states that it is useful in diagnosing disc protrusion and 1+ in the diagnosis of cauda equina, spinal stenosis, or post laminectomy syndrome. The above patient is presenting with new numbness, tingling, and weakness in her extremities and a change in bowel function. The change in bowel function could be a sign of the cauda equina syndrome. EMG studies could help to clarify her condition and should be ordered and the UR decision is overturned. The request is medically necessary.