

<b>Case Number:</b>	CM15-0126867		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	07/20/2012
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 34-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 20, 2012. In a Utilization Review report dated June 22, 2015, the claims administrator failed to approve requests for CT imaging of the lumbar spine and electrodiagnostic testing of the bilateral lower extremities. The claims administrator referenced a June 17, 2015 RFA form and associated progress note of June 16, 2015 in its determination. The applicant's attorney subsequently appealed. On said June 16, 2015 RFA form, CT imaging of the lumbar spine was sought to rule out pseudoarthrosis at L3-L4 and L4-L5. Electrodiagnostic testing of the bilateral lower extremities was sought on the recommendation of the applicant's Agreed Medical Evaluator (AME), it was reported. In an associated progress note of June 16, 2015, the applicant's primary treating provider, a chiropractor (DC) stated that he was ordering CT imaging of the lumbar spine to rule out pseudoarthrosis at L3-L4 and L4-L5 on the grounds that an Agreed Medical Evaluator (AME) had endorsed the same. The Agreed Medical Evaluator (AME) had also suggested updated electrodiagnostic testing of the bilateral lower extremities. The applicant's primary treating provider (PTP) stated that he was effectively endorsing the recommendations of the medical-legal evaluator. The applicant's clinical symptoms, however, were not detailed, described, or characterized on this date. The Agreed Medical Evaluator (AME) suggested that the applicant should remain off of work, on total temporary disability, on March 13, 2015. Agreed Medical Evaluator (AME) noted that the applicant had undergone earlier lumbar spine surgery and had persistent left lower extremity radicular pain complaints. The Agreed Medical Evaluator (AME)

referenced lumbar MRI imaging of September 2012 demonstrating large, 5-mm disk herniation at L4-L5 with associated impingement at left L4 nerve root. CT imaging of the lumbar spine dated April 30, 2015 was notable for multilevel postoperative changes without compelling associated evidence of an osseous lesion at the L3-L5 levels. The radiologist opined that these findings could represent pseudoarthrosis. In a May 20, 2015 neurosurgery note, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities, 6-10/10. The applicant was on oxycodone, Ambien, Xanax, Motrin, Neurontin, Prilosec, and naproxen. The applicant was not working, it was acknowledged. Hyposensorium was appreciated about the bilateral lower extremities, left greater than right, with 5/5 lower extremity strength appreciated. Multiple medications were renewed.

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

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

**CT scan of lumbar spine:** Upheld

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

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

**Decision rationale:** No, the request for CT imaging of the lumbar spine was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, Table 12-7, page 304 does score CT imaging a 2/4 in its ability to identify and define suspected post-laminectomy syndrome, as was/is present here, this recommendation is, however, qualified by commentary made in the MTUS Guideline in ACOEM Chapter 12, page 304 to the effect that imaging studies should be reserved for cases in which surgery is considered or red- flag diagnoses being evaluated. Here, however, there was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention based on the outcome of the study in question. It was not clearly stated why CT imaging of the lumbar spine was being sought soon after the applicant had already received earlier CT imaging on April 30, 2015. The CT imaging in question, was, furthermore, sought by the applicant's primary treating provider, a chiropractor (DC), via an RFA form dated June 16, 2015. The applicant's PTP, thus, was seemingly unaware of the prior positive CT scan results. It did not appear, moreover, that the applicant was intent on pursuing further lumbar spine surgery, as the applicant's neurosurgeon made no mention of the applicant's considering further surgery on May 20, 2015. Therefore, the request was not medically necessary.

**Electrodiagnostic studies of bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** Similarly, the request for electrodiagnostic testing of bilateral lower extremities was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, EMG testing is not recommended for applicants who carry a diagnosis of clinically obvious radiculopathy. Here, the applicant did, in fact, carry a diagnosis of clinically obvious radiculopathy. The applicant had undergone multiple lumbar spine surgeries, including most recently in August 2014, it was suggested on a progress note of May 20, 2015. CT imaging of the lumbar spine dated April 30, 2015 did demonstrate findings associated with pseudoarthrosis. It appeared, thus, that the applicant had an established diagnosis of lumbar radiculopathy. The applicant's primary treating provider (PTP), a chiropractor (DC) did not clearly stated why electrodiagnostic testing was being sought on June 16, 2015 in the face of the applicant's carrying a diagnosis of clinically obvious radiculopathy. The PTP stated that he was ordering the electrodiagnostic testing in question largely for academic evaluation purposes, seemingly at the request of a medical-legal evaluator. It did not appear, thus, that the electrodiagnostic testing at issue was likely to influence or alter the treatment plan. Therefore, the request was not medically necessary.