

<b>Case Number:</b>	CM15-0127630		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	07/09/2010
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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: Connecticut, California, Virginia  
 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 injured worker is a 47 year old female, who sustained an industrial injury on 7/09/2010. The mechanism of injury was not noted. The injured worker was diagnosed as having status post fusion L5-S1 in 2012, morbid obesity with body mass index 44%, and chronic low back pain with radiculopathy. Treatment to date has included diagnostics, lumbar spinal surgery in 2012, and medications. On 12/10/2014, the injured worker complained of increased numbness in her legs and trouble walking. Physical exam was unchanged. Her height was 4'9" and weight was 205 pounds. She was recommended computerized tomography of the lumbar spine, electromyogram and nerve conduction studies of the lumbar spine, and bariatric surgery consult for weight loss, noting she was unable to exercise due to increased pain. Currently, the injured worker complains of low back pain with numbness and tingling in both lower extremities. She was unable to walk long periods. She used a back brace for support. Physical exam noted tenderness to palpation in the lumbar spine and positive straight leg raise bilaterally. Current medication regimen was not documented. The treatment recommendation continued to include computerized tomography of the lumbar spine, electromyogram and nerve conduction studies of the lumbar spine, and bariatric surgery consult for weight loss. Her work status remained total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT scan lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG).

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

**Decision rationale:** The MTUS discusses recommendations for imaging in unequivocal findings of specific nerve compromise on physical exam, in patients who do not respond to treatment, and who would consider surgery an option. In this case there is no clear evidence of a substantial change in clinical findings, and plain films of a lumbar fusion are appropriate prior to CT imaging in order to assess hardware, etc. Without further details or more substantial clinical indications for CT scan based on physical exam or other requested imaging studies, the request for CT scan is not medically necessary at this time.

**Bariatric Consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Am J Health Promot. 2010 Sep-Oct; 25(1): 26-9. doi: 10.4278/ajhp.080923-ARB-208, Weight-loss programs in convenient care clinics: a prospective cohort study, Wollner S1, Blackburn D, Spellman K, Khaodhiar L, Blackburn GL.

**Decision rationale:** It is clear and generally accepted that weight loss is beneficial in a variety of conditions, including in improving many orthopedic conditions like those in the case of this injured worker. The provided documents indicate that weight loss would potentially benefit the patient with respect to her lumbar condition, and with a current weight of over 200 pounds and a BMI exceeding 40, weight loss seems reasonable as a treatment modality. The MTUS and ODG guidelines do not provide insight into medical weight loss recommendations. In this case, there is no provided evidence of failure at attempted weight loss either through individual effort or a formal program, and therefore surgery should not be considered a first-line option. Without further evidence to support the need for operative intervention prior to non-operative treatment for weight loss, the request is not medically necessary at this time.

**EMG/NCV lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** Per the MTUS ACOEM Guidelines, physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies,

laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic exam is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and nerve conduction velocities may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, physical exam findings are not detailed (beyond indication of a positive straight leg test) in the provided documents, and therefore there is incomplete information to indicate neurologic dysfunction that is evidential of need for electrodiagnostics. Therefore, per the guidelines, the request for EMG/NCV is not medically necessary.