

<b>Case Number:</b>	CM15-0179426		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	09/11/2000
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: Emergency 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:

This is a 43-year-old male with a date of injury of September 11, 2000. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spondylolisthesis, lumbar spine stenosis, lumbar degenerative disc disease, and lumbar radiculopathy. Medical records dated June 19, 2015 indicate that the injured worker complains of lower back pain that radiates down the left leg. Records also indicate that the injured worker's symptoms were made worse by walking, sitting, and everyday activities. A progress note dated July 27, 2015 notes subjective complaints of increasing pain in the lower back radiating down the left leg rated at a level of 8 to 9 out of 10. The physical exam dated June 19, 2015 reveals normal gait and sensation, decreased range of motion of the lumbar spine, no tenderness to palpation of the lumbar spine, normal manual muscle testing of the lower extremities, and negative seated-slumped root test. The progress note dated July 27, 2015 documented a physical examination where the physician stated that "With the exception of the lumbar spine, examination of the rest of the head and neck, spine, and all four extremities reveals inspection and percussion within normal limits without tenderness, obvious masses, or swelling; range of motion within normal limits, without pain or crepitus; normal stability without subluxation or unusual laxity; normal muscle bulk, muscle strength and tone without spasticity, flaccidity, or atrophy; no abnormal scars, rashes, or ulcers". Treatment has included spinal fusion surgery, medications (Norco and Valium since at least April of 2015; Amitriptyline, Promethazine, Robaxin, and Zanaflex since at least June of 2015), trigger point injections, spinal cord stimulator, transcutaneous electrical nerve stimulator unit, magnetic resonance imaging of the lumbar spine (November 10, 2014) that

showed evidence of removal of fusion screws and lumbar degenerative disc disease with scarring and narrowing of the L5 foramen, and x-rays of the lumbar spine (date not provided) that showed lumbar spine fusion and progressive spondylosis. The original utilization review (August 25, 2015) non-certified a request for magnetic resonance imaging of the lumbar spine and electromyogram-nerve conduction velocity of the left lower extremity.

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

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

#### **Lumbar MRI without contrast: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic): MRIs (magnetic resonance imaging).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies, Summary.

**Decision rationale:** As per ACOEM Guidelines, imaging studies should be ordered in event of "red flag" signs of symptoms, signs of new neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. Patient does not meet any of these criteria. There are no documented red flag findings in complaints or exam. Pain is chronic and there is an exacerbation of pain with no noted conservative treatment attempted prior to imaging request. There is no noted new neurologic dysfunction. Patient has had an MRI already. There is no justification documented for why additional MRI of lumbar spine was needed. MRI of lumbar spine is not medically necessary.

#### **Electromyography/Nerve conduction studies (EMG/NCV) left lower extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic); Electromyography (EMGs) and Nerve conduction studies (NCS).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies, Summary, and Ankle and Foot Complaints 2004, Section(s): Special Studies, Summary.

**Decision rationale:** EMG (Electromyography) and NCV (Nerve Conduction Velocity) studies are 2 different studies that are testing for different pathology. As per ACOEM Guidelines, EMG may be useful in detecting nerve root dysfunction. There is no documentation of any radiculopathy or nerve root dysfunction on the lower limb to support EMG use except for straight leg raise. There are no neurological deficits documented. There is no motor deficit. There is no evidence based rationale or any justification noted by the requesting provider. EMG is not medically necessary. As per ACOEM guidelines, Nerve Conduction Velocity studies are contraindicated in virtually all knee and leg pathology unless there signs of tarsal tunnel syndrome or any nerve entrapment neuropathies. There are no such problems documented. NCV is not medically necessary. Both tests are not medically necessary. NCV/EMG of bilateral lower extremity is not medically necessary.