

<b>Case Number:</b>	CM15-0068868		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	03/02/2006
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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: 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:

The injured worker is a 53-year-old female who sustained an industrial injury on 3/2/06 when she fell from a ladder onto a cement floor sustaining low back pain. She was treated conservatively. She currently complains of low back pain radiating down the left lower extremity; mid-back pain especially when reaching overhead. Medication is Flexaril. Diagnoses include painful hardware syndrome, status post posterior spinal instrumentation removal 5/29/14; status post lumbar laminectomy and fusion L5-S1; failed back syndrome; left knee arthralgia. Treatments to date include medications, physical therapy which providing some benefit. Diagnostics include computed tomography of the lumbar spine (6/6/12); MRI left knee (12/9/14) normal. The patient was seen on March 12, 2015. She has been complaining of constant severe mid back pain and continued low back pain radiation d down the left lower extremity. She has completed all therapy for the low back without benefit and feels her symptoms have worsened. Exam revealed diminished sensation dorsum of the left foot and weakness on toe extension of the left 4/5. Due to persistent neurologic findings and increasing subjective complaints of pain, request is made for MRI of the low back and electrodiagnostic studies of the left lower extremity. The patient had hardware removed in May 2014 and has not benefited from the surgery. She has signs and symptoms of ongoing and progressive L5 radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient EMG/NCV to the left lower extremity: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to ACOEM guidelines, Electromyography (EMG), including H-reflex tests, may be useful to identify subtle neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. In this case, the injured worker is status post fusion and has signs and symptoms of ongoing and progressive left L5 radiculopathy. The request for Outpatient EMG/NCV to the left lower extremity is medically necessary and appropriate.

**MRI to the low back without contrast: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to ACOEM guidelines, imaging of the low back should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. According to ODG, repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, the injured worker is status post fusion and has signs and symptoms of ongoing and progressive left L5 radiculopathy. The request for MRI to the low back without contrast is medically necessary and appropriate.