

<b>Case Number:</b>	CM15-0075197		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	03/18/1993
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 48 year old male, who sustained an industrial injury on 03/18/1993. He reported being crushed by a 350 pound roller. The injured worker was diagnosed as having lumbar four to five spondylosis, lumbar radiculitis with the left greater than the right, and chronic low back pain. Treatment to date has included chiropractic therapy, home exercise program with yoga, and medication regimen. In a progress note dated 03/03/2015 the treating physician reports complaints of severe, aching low back pain that radiates to the bilateral lower extremities along with left lower extremity numbness and spasms to the thoracic back and neck. The injured worker rates the pain a ten out of ten without medication and a seven out of ten with medication. The treating physician requested a magnetic resonance imaging of the lumbar spine to evaluate for discogenic, facetogenic, and/or spinal stenotic etiology causing changes in reflexes and a reduction in sensation in the left lower extremity. The treating physician then requested flexion and extension views of the lumbar spine to determine if anterolisthesis increases with flexion and extension. The treating physician also requested an electromyogram with nerve conduction study of the lower extremities to rule out significant radiculopathy / radiculitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (magnetic resonance imaging) of the Lumbar Spine without contrast: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back chapter - Indications for magnetic resonance imaging.

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

**Decision rationale:** This 48 year old male has complained of low back pain since date of injury. He has been treated with chiropractic therapy and medications. The current request is for an MRI of the lumbar spine without contrast. The available medical records show a request for MRI of the lumbar spine without any new patient symptomatology, physical exam findings or rationale for the above requested testing. Per the MTUS guidelines cited above, radiographic imaging in the absence of documented worsening of symptoms and/ or in the absence of red flag symptoms is not indicated. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, MRI of the lumbar spine is not indicated as medically necessary.

**X-Ray of the Lumbar Spine (with flexion and extension views): 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 chapter - Indications for plain x-rays.

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

**Decision rationale:** This 48 year old male has complained of low back pain since date of injury. He has been treated with chiropractic therapy and medications. The current request is for X ray of the lumbar spine (with flexion and extension views). Per the ACOEM guidelines cited above, unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. The available medical documentation does not document an upcoming planned or discussed possibility of a surgical procedure. On the basis of the available medical records and per the MTUS guidelines cited above, x ray of the lumbar spine, flexion and extension views, is not indicated as medically necessary.

**EMG (electromyography)/ NCS (nerve conduction study) 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 chapter - EMG (eletromyography); nerve conduction studies (NCS).

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

**Decision rationale:** This 48 year old male has complained of low back pain since date of injury. He has been treated with chiropractic therapy and medications. The current request is for EMG/NCS of the bilateral lower extremities. Per the ACOEM guidelines cited above, there are no high quality studies that support EMG/NCS in the evaluation of low back pain. The guidelines state that EMG/NCS may be performed in the evaluation of low back pain but are not a recommended evaluation. On the basis of the available medical records and per the ACOEM guidelines cited above, EMG/NCS is not indicated as medically necessary.