MAXIMUS Federal Services

| Case Number: | CM15-0078607 | | |
|---|---|---|---|
| Date Assigned: | 04/29/2015 | Date of Injury: | 06/25/2012 |
| Decision Date: | 05/29/2015 | UR Denial Date: | 03/23/2015 |
| Priority: | Standard | Application Received: | 04/24/2015 |

## 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: Physical Medicine & Rehabilitation, Pain Management

## 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 65-year-old male, who sustained an industrial injury on 06/25/2012. On provider visit dated 04/02/2015 the injured worker was noted on examination of the lumbar spine to have a decreased range of motion, tenderness to para lumbar muscles, sacroiliac joints bilaterally, left sided tenderness to sciatic notch and gluteal muscles. Pain numbness and tingling in left leg was noted as well. The diagnoses have included lumbar spine sprain/strain. Treatment to date has included home exercise program, injections, and chiropractic therapy. The provider requested X-ray of the lumbar spine, MRI of the lumbar spine and electromyography and nerve conduction velocity study of the bilateral lower extremity.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 X-ray of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-4.

**Decision rationale:** Regarding request for lumbar spine x-ray, Occupational Medicine Practice Guidelines state that x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology even if the pain has persisted for at least 6 weeks. Within the documentation available for review, the patient has a longstanding injury with no current red flags or another clear rationale for repeating x-rays without any evidence of progressive symptoms/findings since prior imaging. In the absence of clarity regarding those issues, the currently requested lumbar x-ray is not medically necessary.

**1 MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG), Low Back Chapter, MRIs (magnetic resonance imaging).

**Decision rationale:** Regarding the request for lumbar MRI, CA MTUS does not address repeat imaging. ODG states that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Within the documentation available for review, there is no evidence of new or progressive symptoms/ findings suggestive of significant pathology. In the absence of clarity regarding those issues, the currently requested lumbar MRI is not medically necessary.

**1 Electromyography and Nerve conduction velocity study of the bilateral lower extremity:** 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), Low back, Lumbar & Thoracic (Acute & Chronic).

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

**Decision rationale:** Regarding the request for EMG/NCV of the lower extremities, CA MTUS and ACOEM cite that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. Within the documentation available for review, there are no physical examination findings supporting a diagnosis of specific nerve compromise that has progressed since the prior electrodiagnostic testing. In the absence of such documentation, the currently requested EMG/NCV of the lower extremities is not medically necessary.