

<b>Case Number:</b>	CM13-0006984		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	01/19/2011
<b>Decision Date:</b>	01/16/2014	<b>UR Denial Date:</b>	07/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 58 year old male with chronic low back pain following a work related injury. The claimant reports that lumbar motions exacerbates his pain and radiates to his bilateral legs. The claimant has tried medications, epidural injections, and acupuncture therapy. The claimant's medications include Norco and Naproxen. The claimant's physical exam was significant for stiff and painful active range of motion. Lumbar flexion is 45/90 degrees and extension is 15/30 degrees, straight leg raise is positive for pain at 60 degrees and palpable muscle guarding. MRI of the lumbar spine was significant for 3 mm L3-4 and L4-5 disc bulges or protrusions abutting the L4 nerve root. The claimant was diagnosed with multi-level lumbar disc injury, possible lumbar radiculopathy, lumbosacral sprain/strain injury and myofascial pain syndrome

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 nerve conduction study ( unspecified body part): 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-Lumbar and Thoracic (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 303-304.

**Decision rationale:** One nerve conduction study is not medically necessary. ACOEM page 261 states that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These may include nerve conduction studies, or in more difficult cases, EMG. Additionally, ACEOM page 303 -304 EMG, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. EMG has a comparable ability to MRI in identifying disk protrusion. The claimant had a positive straight leg raise along with significant findings on MRI confirming the radicular symptoms. EMG was also approved for additional diagnostic testing. One nerve conduction study is not medically necessary as it will not offer more information that is already apparent on physical exam and previous diagnostic testing.

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 79.

**Decision rationale:**