

<b>Case Number:</b>	CM13-0014545		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	02/19/2012
<b>Decision Date:</b>	05/13/2014	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/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 patient is a 52 year old female who was injured on 02/19/2012 while carrying a full tray loaded with dirty dishes and bending down to place the tray on bottom shelf from a higher shelf, she felt a popping sensation in her low back and had immediate low back pain. Prior treatment history has included chiropractic visits, physical therapy, 3 trigger point injections, which did not help, TENS unit, brace, hot and cold wrap and medications. Diagnostic studies reviewed include MRI of the lumbar spine dated 03/20/2012 which documented bilateral arthropathy in L2-L3, mild neuroforaminal narrowing on the right, at L3-L4 disc desiccation, broad based central disc herniation, bilateral facet arthropathy and mild neural foraminal narrowing bilaterally, at L4-L5 central disc herniation, bilateral facet arthropathy and moderate neuroforaminal narrowing bilaterally, and at L5-S1 no disc bulge or herniation or neural foraminal narrowing. Electrodiagnostic testing done 06/06/2012 showed no evidence of lumbosacral radiculopathy. QME dated 07/12/2013 documented the patient to have complaints of 8/10 low back pain that radiates down the right lower extremity to the toes and down the left Final Determination Letter for IMR Case Number CM13-0014545 3 lower extremity to the knee level with associated numbness and tingling. The pain will improve to at best 6/10 with the use of tramadol, anti-inflammatory medication, ice, and trigger point injections temporarily. Objective findings on exam revealed positive bilateral supine and sitting straight leg raises. There are 4/5 breakaway weakness of all the muscles of bilateral extremities. Sensory testing in the lower extremities, there is decreased pinprick sensation to the right lower extremity as compared to normal sensation to the left lower extremity. The patient reports pain with extension in the bilateral L5-S1 and L4-5 facet joint areas. Circumference measurements in the right thigh measure 48.5 cm. The left thigh measures 48.5 cm. Right calf measures 38.5 cm and left calf measures 38.6 cm. There are 1+ symmetric bilateral patellar, medial hamstring and Achilles deep tendon reflexes.

Diagnoses include lumbar strain/sprain, moderate, chronic, and MRI evidence of moderate central spinal canal stenosis at L2-3. Mild right neural foraminal stenosis and bilateral facet arthropathy and L4-5 level broad-based central disc herniation with severe central canal stenosis and moderate bilateral neural foraminal stenosis with bilateral facet arthropathy.

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

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

#### **EMG LEFT LOWER EXTREMITY: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2NDEDITION, (2004), , LOW BACK COMPLAINTS, SPECIAL STUDIES AND DIAGNOSTIC AND TREATMENT CONSIDERATIONS, 303-305

**Decision rationale:** As per CA MTUS guidelines, "EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." As per ODG, "EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." In this case, this patient had lumbar MRI dated 03/20/2012 showed multilevel disc herniation with mild neuroforaminal narrowing and facet arthropathy as well as stenosis at L3-4 and L4-5. This patient has prior electrodiagnostic testing done on 06/06/2012 that showed no evidence of lumbosacral radiculopathy. This patient has tried and exhausted conservative modalities. Currently, this patient continues to have increased lower back pain with radiating pain down the bilateral lower extremities associated with numbness and tingling. There is documentation of worsening or progression of her symptoms and the last EMG was done almost 11 months ago. Thus, the medical necessity for another EMG has been established and the request is certified.

#### **NCS LEFT LOWER EXTREMITY: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG LOW BACK (UPDATED 5/10/13) NERVE CONDUCTION STUDIES (NCS)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK - LUMBAR & THORACIC, NERVE CONDUCTION STUDIES (NCS)

**Decision rationale:** CA MTUS guidelines do not specifically discuss the issue in dispute and hence ODG have been consulted. As per ODG, "There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of

radiculopathy." In this case, this patient's clinical presentation and symptoms are clearly on the basis of radiculopathy and hence the request for NCS of left lower extremity is not medically necessary.

**NCS RIGHT LOWER EXTREMITY: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG LOW BACK (UPDATED 5/10/13) NERVE CONDUCTION STUDIES (NCS)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK - LUMBAR & THORACIC, NERVE CONDUCTION STUDIES (NCS)

**Decision rationale:** CA MTUS guidelines do not specifically discuss the issue in dispute and hence ODG have been consulted. As per ODG, "There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." In this case, this patient's clinical presentation and symptoms are clearly on the basis of radiculopathy and hence the request for NCS of right lower extremity is not medically necessary.

**EMG RIGHT LOWER EXTREMITY: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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