

<b>Case Number:</b>	CM13-0020653		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	05/28/2002
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### 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 Family Practice, and is licensed to practice in Texas. 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 patient is a 53-year-old female who reported an injury on 05/28/2002. The mechanism of injury was not provided for review. The patient underwent permanent spinal cord stimulator implantation in 2004. The patient's most recent clinical evaluation determined that the patient had performed chronic low back pain that radiated into the bilateral lower extremities. Physical findings included a slightly hip flexed gait, tenderness to palpation of the right lateral hip, and tenderness to palpation throughout the lumbar paraspinal musculature. The patient's diagnoses included chronic postoperative syndrome, postlaminectomy syndrome, radiculitis, lumbago, muscle spasming, and pain in the pelvic joint. The patient's treatment plan included an EMG/NCS to rule out neuropathy versus radiculopathy, continuation of medications, a DNA test for drug sensitivity, and physical therapy of the lumbar spine and right hip.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG OF THE BILATERAL LOWER EXTREMITIES:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The requested EMG of the bilateral lower extremities is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends electrodiagnostic studies when patients have nonspecific neurological deficits that would benefit from further study. The clinical documentation submitted for review does indicate that the employee has numbness of the right toes and left lateral toes with 1+ deep tendon reflexes and 5-/5 motor strength of the right lower extremity. The employee has clinically evident radiculopathy. Further electrodiagnostic studies would not be indicated. As such, the requested EMG of the bilateral lower extremities is not medically necessary or appropriate.

**NCV OF THE BILATERAL LOWER EXTREMITIES:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The requested NCV of the bilateral lower extremities is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends electrodiagnostic studies when patients have nonspecific neurological deficits that would benefit from further study. The clinical documentation submitted for review does indicate that the employee has numbness of the right toes and left lateral toes with 1+ deep tendon reflexes and 5-/5 motor strength of the right lower extremity. The employee has clinically evident radiculopathy. Further electrodiagnostic studies would not be indicated. As such, the requested NCV of the bilateral lower extremities is not medically necessary or appropriate.

**NONINVASIVE DNA TEST FOR DRUG SENSITIVITY:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN CHAPTER, GENETIC TESTING FOR POTENTIAL OPIOID ABUSE

**Decision rationale:** The requested invasive DNA test for drug sensitivity is not medically necessary or appropriate. Official Disability Guidelines do not recommend this type of testing, as there is no scientific data to support effective outcomes related to genetic testing for drug sensitivity. Official Disability Guidelines indicate that this type of testing is still in the experimental stages and is not supported by the Official Disability Guidelines. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested non-invasive DNA test for drug sensitivity is not medically necessary or appropriate.