

<b>Case Number:</b>	CM13-0030775		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	04/05/2013
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2013

### 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 33 year old female who was injured on 04/05/2013 while working as a packer sustained an injury to her low back and both knees. The mechanism of injury is unknown. Prior treatment history has included x-rays, physical therapy and the following medications, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclophene, and Ketoprofen Cream. PR-2 dated 09/27/2013 documented the patient to have complaints of burning radicular low back pain, 8-9/10, constant and moderate to severe. Patient also complains of burning bilateral knee pain, 6-7/10, constant, moderate to severe. The patient also complains of difficulty sleeping. The patient states that the symptoms persist but the medications do offer her temporary relief of pain and improve her ability to have restful sleep. She denies any problems with medications. The pain is also alleviated by activity restrictions. Objective findings on exam reveal examination of the lumbar spine that the patient ambulates without any assistive devices; pain with heel walking; able to squat to 35%; tender L5-S1, PSISs, decreased range of motion, positive straight leg raise, Kemp's and Sitting Rod. Examination of bilateral knees reveals 1+ effusion, crepitus with ROM; tender patellofemoral joint; no ligament instability; decreasedROM; positive Apley's test and valgus test. There is diminished sensation and decreased motor strength in the bilateral lower extremities. PR-2 dated 09/27/2013 documented the patient with complaints of burning, radicular low back pain, radiating into the legs and knees, associated with muscle spasms. The patient rates the pain as 8-9/10 on pain analog scale. The patient complains of burning bilateral knee pain and muscle spasms. The patient rates the pain as 6-7/10. Examination of the lumbar spine reveals the patient ambulates without assistive devices. She is able to heel-toe walk however she has pain with heel walking. There is tenderness to palpation at the spinous processes L5-S1 and at the bilateral PSISs. There are trigger point noted throughout the lumbar spine. Range of motion of the lumbar spine flexion to tibia, extension 20 degrees, left and right lateral flexion 10

degrees, left rotation 20 degrees and right rotation 10 degrees. Straight leg raise test is positive bilaterally at 35 degrees. Kemp's and Sitting Root are positive bilaterally. Examination of the bilateral knees reveals there is 1+ effusion noted. There is also crepitus noted with motion. There is tenderness at the patellofemoral joint on palpation. No anterior or posterior cruciate ligament instability. No medial or lateral collateral ligament instability. Range of motion of the knees: flexion 135 degrees bilaterally. Extension -5 degrees on the right and -15 degrees on the left. Apley's and Valgus test are positive bilaterally. Neurological examination of bilateral knees reveals diminished sensation to pin-prick and light touch at the L4, L5 and S1 dermatomes bilaterally. Motor strength reveals L2, L3, L4, L5 and S1 myotomes are decreased at the bilateral lower extremities secondary to pain. Deep tendon reflexes are 2+ and symmetrical in the bilateral lower extremities. Vascular pulses are 2+ and symmetrical in the bilateral lower extremities. Diagnoses are lumbar spine HNP, lumbar radiculopathy, bilateral knee sprain/strain, and sleep disorder.

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

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

#### **EMG ( ELECTROMYOGRAPHY ) FOR 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 (ODG).

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

**Decision rationale:** According to the MTUS guidelines, following a course of conservative therapy, an EMG study may be useful to obtain unequivocal evidence of radiculopathy. However, the examination on 9/27/2013 demonstrates symmetrical neurological findings in the bilateral lower extremities. There is no clear indication of any focal neurological deficit. The medical records do not appear to document objective clinical findings that would suggest active radiculopathy is present. The medical necessity of lower extremities EMG study has not been established. The request for EMG ( Electromyography ) for lower extremities is not medically necessary and appropriate

#### **NCV ( NERVE CONDUCTION VELOCITY ) LOWER EXTREMETIES: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,62.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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, NERVE CONDUCTION STUDIES (NCS)

**Decision rationale:** The Official Disability Guidelines suggest EMG may be useful for evaluation of subtle focal neurologic dysfunction in patients with low back symptoms, not NCS. According to the guidelines, there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Furthermore, the patient's examination revealed normal motor strength, sensation, and reflexes throughout the bilateral lower extremities. The medical necessity of an NCS of the lower extremities has not been established. The request for NCV ( nerve conduction velocity ) of the lower extremities is not medically necessary and appropriate.

**PHYSIOTHERAPY FOR LUMBAR SPINE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine. Page(s): 98-99.

**Decision rationale:** According to the California MTUS Chronic Pain Medical Treatment Guidelines, patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The medical records do not establish the patient has demonstrated objective functional improvement with previous physical therapy. In addition, there is lacking documentation that establishes she currently presents with an exacerbation or flare-up, having failed to respond to self-directed home exercise, as to warrant a return to a brief course of supervised physical therapy. It is reasonable that at this point, the patient should be versed in an independent home exercise program, which could be equally efficacious. The medical necessity of physical therapy has not been established. The request for physiotherapy for the lumbar spine is not medically necessary appropriate.