

<b>Case Number:</b>	CM13-0031997		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	02/04/2011
<b>Decision Date:</b>	02/05/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### 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 Occupational Medicine 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 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 applicant is an [REDACTED] employee, who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 4, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; and transfer of care to and from various providers in various specialties; nutritional supplement; electrodiagnostic testing and nerve conduction testing of the bilateral lower extremities, interpreted as negative for a lumbar radiculopathy, lumbar plexopathy, or lower extremity neuropathy; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of September 17, 2013, the claims administrator denied a request for electrodiagnostic testing of the bilateral lower extremities. In a September 30, 2013 office visit, the applicant presents with low back pain and bilateral lower extremity pain. The applicant is given a shot of Toradol for pain relief. Norco was refilled while the applicant was placed off of work, on total temporary disability. An earlier September 19, 2013 appeal letter is notable for comments that the applicant has ongoing issues with shoulder pain, neck pain, and low back pain. The attending provider sets forth a request for reconsideration on the proposed MRI of the lumbar spine, electrodiagnostic testing of the lower extremities, tramadol and Norco. The attending provider states that he suspects an L3-L4 disk herniation/disk protrusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Request for nerve conduction study (NCS) of left lower extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 208-210. Decision based on Non-MTUS Citation ODG Low Back (updated 05/10/13).

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

**Decision rationale:** The proposed nerve conduction study of the left lower extremity is not medically necessary, medically appropriate, or indicated here. The MTUS did not address the topic. As noted in the updated ACOEM Guidelines, nerve conduction studies can be employed to rule out other causes for lower limb symptoms, such as general peripheral neuropathy, or peroneal compression neuropathy, which can potentially mimic sciatica. In this case, however, the applicant has already had prior electrodiagnostic testing in April 2013, a few months preceding the attending provider's request for authorization and subsequent application for Independent Medical Review. There has been marked change or deterioration in the clinical picture since that point in time. Said electrodiagnostic testing of April 30, 2013 was performed and reportedly negative for suspected radiculopathy and suspected neuropathy. No compelling case has been set forth for repeat testing. Therefore, the request remains non-certified, on Independent Medical Review

**Request for electromyography (EMG) of right lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 208-210. Decision based on Non-MTUS Citation ODG Low Back (updated 05/10/13).

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

**Decision rationale:** The EMG study of the left lower extremity is not medically necessary, medically appropriate, or indicated here. As noted in the MTUS-adopted ACOEM Guidelines in chapter 12, table 12-8, EMG testing can be employed to identify, subtle, focal neurologic dysfunction in applicants with low back symptoms that persist beyond three to four weeks. In this case, however, the applicant has already had prior electrodiagnostic testing in April 2013, a few months preceding the attending provider's request for authorization and subsequent application for Independent Medical Review. There has been marked change or deterioration in the clinical picture since that point in time. Said electrodiagnostic testing of April 30, 2013 was performed and reportedly negative for suspected radiculopathy and suspected neuropathy. No compelling case has been set forth for repeat testing. Therefore, the request remains non-certified, on Independent Medical Review.

**Request for nerve conduction study (NCS) of right lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 208-210. Decision based on Non-MTUS Citation ODG Low Back (updated 05/10/13).

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

**Decision rationale:** Similarly, the proposed nerve conduction study of the right lower extremity is also not medically necessary, medically appropriate, or indicated here. The MTUS did not address the topic. As noted in the Third Edition ACOEM Guidelines, nerve conduction studies can rule out other causes of lower limb symptoms, such as generalized peripheral or perineal neuropathy, which could mimic sciatica. In this case, however, as with the other studies, the applicant recently underwent electrodiagnostic testing in April 2013. This was negative for radiculopathy and negative for a lower limb peripheral neuropathy. There has been no significant deterioration in the clinical picture since April 2013 so as to justify repeat testing at this in time. The attending provider has not set forth any compelling rationale for repeat testing so soon removed from the prior study. It does not appear; incidentally, that the attending provider obtained the results of the prior study, as he did not referenced them in any of his appeal letters. For all of these reasons, then, the request remains non-certified, on Independent Medical Review.

**Request for electromyography (EMG) of left lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 208-210. Decision based on Non-MTUS Citation ODG Low Back (updated 05/10/13).

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

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in chapter 12, table 12-8, EMG testing can be employed to identify, subtle, focal neurologic dysfunction in applicants with low back symptoms that persist beyond three to four weeks. In this case, however, the applicant has already had prior electrodiagnostic testing in April 2013, a few months preceding the attending provider's request for authorization and subsequent application for Independent Medical Review. There has been marked change or deterioration in the clinical picture since that point in time. Said electrodiagnostic testing of April 30, 2013 was performed and reportedly negative for suspected radiculopathy and suspected neuropathy. No compelling case has been set forth for repeat testing. Therefore, the request remains non-certified, on Independent Medical Review.