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| <b>Case Number:</b>   | CM13-0034979 |                              |            |
| <b>Date Assigned:</b> | 12/11/2013   | <b>Date of Injury:</b>       | 10/30/2002 |
| <b>Decision Date:</b> | 02/27/2014   | <b>UR Denial Date:</b>       | 09/26/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/16/2013 |

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Neuromuscular Diseases and is licensed to practice in Maryland. 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 63-year-old female with work injury 10/30/02 being evaluated for mid right back pain with bilateral radiculopathy and bilateral neuropathy. The patient has history of lumbar spinal surgery in 2005. The patient's symptoms have not responded to conservative medical management including prescription analgesics or epidural injection. Prior UR review denied lumbar MRI and BLE EMG/NCS. These issues are addressed again in this review. 9/16/13 office note: Pt presently complains of low back pain that radiates to bilateral lower extremities to the level of foot more than right. The back pain is associated with weakness, numbness and tingling in the lower extremity. The patient also complains of neck pain that radiates to bilateral upper extremities. The patient's pain level is increased with average pain level of 9/10 with medications and 10/10 without medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG) and nerve conduction velocity (NCV) testing for the lower extremities:** Overturned

**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.

**Decision rationale:** EMG/NCV of the bilateral lower extremities is medically necessary per MTUS guidelines. Per guidelines, electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. It is medically appropriate in this patient who has increasing pain symptoms, motor/sensory deficits on physical examination, and a prior history of lumbar surgery to have electrodiagnostic testing.

**MRI of the lumbar spine:** 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.

**Decision rationale:** MRI of the lumbar spine is not medically necessary per MTUS guidelines. Per guidelines, when the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). Elsewhere in this review it was deemed that EMG/NCS was medically necessary. Guidelines recommend that prior to imaging studies further physiologic evidence of nerve dysfunction should be obtained. It is not medically necessary to order MRI and EMG/NCS simultaneously. MTUS guidelines do not recommend imaging studies before other evidence of nerve dysfunction are obtained such as may be found on electrodiagnostic testing.