

<b>Case Number:</b>	CM13-0037426		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/01/2012
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 11/1/12. A utilization review determination dated 10/1/13 recommends non-certification of EMG/NCS of the BLE, MRI of lumbar spine, and PT to the lumbar spine. 9/24/13 medical report identifies that the patient gets numb and does a lot of sitting/driving. Medications are not really working. Difficulty going up and down stairs. On exam, the sensory exam is intact and there is a negative SLR.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ELECTROMYOGRAPHY (EMG) OF THE RIGHT LOWER EXTREMITY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 303, 309.

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

**Decision rationale:** Regarding the request for EMG, CA MTUS/ACOEM cites that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. Within the documentation available for review, there were no exam findings consistent with focal neurologic dysfunction and the patient had pending PT, which should be completed prior to consideration of advanced diagnostic

testing given the absence of any red flags. In light of the above issues, the currently requested EMG is not medically necessary.

**ELECTROMYOGRAPHY (EMG) OF THE LEFT LOWER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 303, 309.

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

**Decision rationale:** Regarding the request for EMG, CA MTUS/ACOEM cites that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. Within the documentation available for review, there were no exam findings consistent with focal neurologic dysfunction and the patient had pending PT, which should be completed prior to consideration of advanced diagnostic testing given the absence of any red flags. In light of the above issues, the currently requested EMG is not medically necessary.

**NERVE CONDUCTION STUDY (NCS) OF THE RIGHT LOWER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 303, 309.

**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 CHAPTER, ELECTRODIAGNOSTIC STUDIES

**Decision rationale:** Regarding the request for NCS, California MTUS does not specifically address the issue. ODG cites that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, there is no evidence of any symptoms/findings consistent with peripheral neuropathy or another clear rationale for nerve conduction studies. In light of the above issues, the currently requested NCS is not medically necessary.

**NERVE CONDUCTION STUDY (NCS) OF THE RIGHT LOWER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 303, 309.

**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 CHAPTER, ELECTRODIAGNOSTIC STUDIES

**Decision rationale:** Regarding the request for NCS, California MTUS does not specifically address the issue. ODG cites that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, there is no evidence of any symptoms/findings consistent with peripheral neuropathy or another clear rationale for nerve conduction studies. In light of the above issues, the currently requested NCS is not medically necessary.

**8 SESSIONS OF PHYSICAL THERAPY TO THE LUMBAR SPINE:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)- TREATMENT IN WORKERS' COMP 3012 (ON THE WEB WWW.ODGTREATMENT.COM) WORK LOSS DATA INSTITUTE.

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

**Decision rationale:** Regarding the request for 8 SESSIONS OF PHYSICAL THERAPY TO THE LUMBAR SPINE, California MTUS supports up to 10 PT sessions in the management of low back injuries. Within the documentation available for review, the patient has a longstanding injury and complains of pain and numbness. There is no documentation of any recent physical therapy. A short course of PT is supported prior to consideration of advanced diagnostic testing in the absence of any red flags. In light of the above, the currently requested 8 SESSIONS OF PHYSICAL THERAPY TO THE LUMBAR SPINE is medically necessary.

**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): s 303-304.

**Decision rationale:** Regarding the request for MRI OF THE LUMBAR SPINE, CA MTUS/ACOEM cite that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. Within the documentation available for review, there were no exam findings consistent with specific nerve compromise and the patient had pending PT, which should be completed prior to consideration of advanced diagnostic testing given the absence of any red flags. In light of the above issues, the currently requested MRI OF THE LUMBAR SPINE is not medically necessary.