

<b>Case Number:</b>	CM13-0043797		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/27/2010
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 and is licensed to practice in Minnesota. 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 injured worker is a 74-year-old male who reported an injury on 02/27/2010. The mechanism of injury was not stated. Current diagnoses include lumbar spine sprain with bilateral radiculopathy, lumbar spine degenerative disc disease, and cervical spine sprain with mild degenerative changes. The only clinical note submitted for this review is documented on 10/25/2013. The injured worker reported persistent lower back pain. Physical examination revealed limited range of motion of the lumbar spine, positive straight leg raising, and tenderness to palpation, positive tenderness at bilateral SI joints, and slight swelling of the right ankle. Treatment recommendations at that time included an MRI of the lumbar spine and a home traction unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**24 NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NERVE; SENSORY (RETROSPECTIVE: 9/30/13): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

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

**Decision rationale:** Low Back Complaints ACOEM Practice Guidelines state electromyography, including h-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. There was no physician progress report submitted on the requesting date of 09/30/2013. There is no evidence of a significant musculoskeletal or neurological deficit with regard to the lumbar spine and bilateral lower extremities. There is also no mention of an attempt at conservative treatment prior to the request for an electrodiagnostic study. As the medical necessity for the requested study has not been established, the request is not medically necessary and appropriate.

**10 NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NERVE; MOTOR, WITH F-WAVE STUDY (RETROSPECTIVE: 9/30/13): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

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

**Decision rationale:** Low Back Complaints Practice Guidelines state electromyography, including h-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. There was no physician progress report submitted on the requesting date of 09/30/2013. There is no evidence of a significant musculoskeletal or neurological deficit with regard to the lumbar spine and bilateral lower extremities. There is also no mention of an attempt at conservative treatment prior to the request for an electrodiagnostic study. As the medical necessity for the requested study has not been established, the request is not medically necessary and appropriate.

**8 SPECIAL REPORTS (RETROSPECTIVE: 9/30/13): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

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

**Decision rationale:** Low Back Complaints /ACOEM Practice Guidelines state electromyography, including h-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. There was no physician progress report submitted on the requesting date of 09/30/2013. There is no evidence of a significant musculoskeletal or neurological deficit with regard to the lumbar spine and bilateral lower extremities. There is also no mention of an attempt at conservative treatment prior to the request for an electrodiagnostic study. As the medical necessity for the requested study has not been established, the request is not medically necessary and appropriate.

**NEEDLE ELECTROMYOGRAPHY; 4 EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS (RETROSPECTIVE: 9/30/13): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 178.

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

**Decision rationale:** Low Back Complaints /ACOEM Practice Guidelines state electromyography, including h-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. There was no physician progress report submitted on the requesting date of 09/30/2013. There is no evidence of a significant musculoskeletal or neurological deficit with regard to the lumbar spine and bilateral lower extremities. There is also no mention of an attempt at conservative treatment prior to the request for an electrodiagnostic study. As the medical necessity for the requested study has not been established, the request is not medically necessary and appropriate.

**4 H-REFLEX AMPLITUDE/LATENCY STUDY; RECORD  
GASTROENEMIUS/SOLEUS MUSCLE (RETROSPECTIVE: 9/30/13): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

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

**Decision rationale:** Low Back Complaints /ACOEM Practice Guidelines state electromyography, including h-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. There was no physician progress report submitted on the requesting date of 09/30/2013. There is no evidence of a significant musculoskeletal or neurological deficit with regard to the lumbar spine and bilateral lower extremities. There is also no mention of an attempt at conservative treatment prior to the request for an electrodiagnostic study. As the medical necessity for the requested study has not been established, the request is not medically necessary and appropriate.