MAXIMUS Federal Services

| Case Number: | CM13-0044839 | | |
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| Date Assigned: | 12/27/2013 | Date of Injury: | 08/27/2009 |
| Decision Date: | 04/25/2014 | UR Denial Date: | 10/01/2013 |
| Priority: | Standard | Application Received: | 11/01/2013 |

## 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 & 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 reported injury on 08/27/2009. The mechanism of injury was noted to be the patient was sitting in a chair that broke and the patient fell against the table. The documentation of 08/10/2013 revealed the patient's medications were Advil and levothyroxine. The patient had radiating pain to the left leg. The physical examination revealed normal motor deep tendon and sensory examination of the lumbar spine. The request was made for an EMG/NCV of the bilateral lower extremities and labs for medication monitoring. The patient's diagnoses were back pain and lumbar spine radiculopathy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**LABS TO MONITOR MEDICATIONS: CHEM18, CBC WITH DIFF, HB A1C, ESR:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Laboratory Testing, NSAIDS Page(s): 70. Decision based on Non-MTUS Citation http://labtestsonline.org/understanding/analytes/a1c/tab/glance; http://labtestsonline.org/understanding/analytes/a1c/SearchForm?Search=esr&action_ProcessSphinxSearchForm=Go

**Decision rationale:** California MTUS guidelines indicate that the package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Per lab tests online.org hemoglobin A1C is tested to monitor glucose control of diabetics and that an ESR is utilized to check for infections, tumors or inflammation. Clinical documentation submitted for review failed to document if the patient had previously been tested. It was indicated the request was made for medication monitoring; however, the patient was taking OTC NSAIDS and levothyroxine. There was a lack of documentation indicating a necessity for the ESR and the HB A1C. Given the above, the request for labs to monitor medications chem18, CBC with diff, HB A1C and ESR are not medically necessary.

**EMG/NCS OF BILATERAL LOWER EXTREMITIES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Nerve Conduction Studies (NCS).

**Decision rationale:** ACOEM states that Electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. Neither ACOEM nor California MTUS address NCS of the lower extremities. Official Disability Guidelines do not recommend NCS as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Clinical documentation submitted for review failed to provide the patient had myotomal or dermatomal findings as well as neuropathic pain to support the necessity for an EMG or NCS. The patient's examination was noted to be within normal limits. Given the above, the request for an EMG/NCS of the bilateral lower extremities is not medically necessary.