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| <b>Case Number:</b>   | CM13-0051654 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 05/27/2009 |
| <b>Decision Date:</b> | 04/28/2014   | <b>UR Denial Date:</b>       | 10/28/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/14/2013 |

### 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 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 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:

According to the records made available for review, this is a 54-year-old female with a 5/27/09 date of injury. At the time (10/28/13) of the Decision for EMG/NCV of the bilateral lower extremities and MRI of the lumbar spine, there is documentation of subjective (low back pain radiating to the left lower extremity and bilateral hips) and objective (lumbar tenderness, spasms, positive right straight leg raise, and decreased lumbar spine range of motion) findings, current diagnoses (sprain lumbar region, lumbosacral neuritis, and lumbar disc displacement), and treatment to date (physical therapy and medications). Medical reports identify a reported 9/26/13 MRI of lumbar spine; report and findings not available for review. Regarding EMG/NCV of the bilateral lower extremities, there is no documentation of objective evidence of radiculopathy and that the etiology of the radicular symptoms is not explained by MRI or other diagnostic studies. Regarding MRI of the lumbar spine, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (to monitor a therapy or treatment or to diagnose a change in the patient's condition marked by new or altered physical findings).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV of the bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. The Official Disability Guidelines (ODG) identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, ODG does not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Furthermore, ODG identifies that EMG is useful in cases where clinical findings are unclear; there is a discrepancy in imaging, or to identify other etiologies of symptoms. Within the medical information available for review, there is documentation of diagnosis of sprain lumbar region, lumbosacral neuritis, and lumbar disc displacement. In addition, there is documentation of subjective findings (low back pain radiating to the left lower extremity and bilateral hips) and conservative treatment (physical therapy and medications). However, despite documentation of objective findings (lumbar tenderness, spasms, positive right straight leg raise, and decreased lumbar spine range of motion), there is no documentation of objective evidence of radiculopathy (sensory changes, motor changes, or reflex changes). In addition, given documentation of a subsequent request for a MRI lumbar spine at the time of the requested EMG/NCV, there is no documentation that the etiology of the radicular symptoms is not explained by MRI or other diagnostic studies. Therefore, based on guidelines and a review of the evidence, the request for EMG/NCV of the bilateral lower extremities is not medically necessary.

**MRI of the lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The reference to ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of MRI. The Official Disability Guidelines (ODG) identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat MRI. Within the medical information available for review, there is documentation of diagnoses of sprain lumbar region, lumbosacral neuritis, and lumbar disc displacement. However, given documentation of a

9/26/13 MRI of lumbar spine, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (to monitor a therapy or treatment or to diagnose a change in the patient's condition marked by new or altered physical findings). In addition, there is no documentation of the 9/26/13 imaging report. Therefore, based on guidelines and a review of the evidence, the request for MRI of the lumbar spine is not medically necessary.