

<b>Case Number:</b>	CM13-0053656		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/11/2013
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 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 injured worker is a 60-year-old male with a reported injury on 04/11/2013. The mechanism of injury was not provided. The injured worker had examination on 11/12/2013 with complaints of pain in the left shoulder. He stated that physical therapy was not helping. The injured worker does rely on medications for pain relief. There were no medical records as far as physical therapy to review. There was no medication list provided and there was no evidence of any home therapy exercises. The diagnoses consisted of strain/sprain of ventral abdomen, rule out inguinal hernia, strain or sprain of the lumbar spine, rule out herniated lumbar disc with radiculitis/radiculopathy, left shoulder sprain/strain tendinitis impingement and status post left inguinal repair 4 years ago. Requested plan of treatment is for an MRI of the lumbar spine to establish the presence of disc pathology and an EMG/NCV of the bilateral lower extremities to establish radiculitis and neuropathy. There was no physical exam provided to indicate radiculopathy or neuropathy. There is no evidence of any efficacy of any of the medication that he might be on. The Request for Authorization and the rationale was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV OF BILATERAL LOWER EXTREMITIES:** 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): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back , EMGs, Nerve conduction studies.

**Decision rationale:** The California MTUS Guidelines do not address this issue but the The California MTUS/ACOEM Guidelines recommend electromyography used to identify subtle focal neurological dysfunction in patients with low back symptoms lasting for more than 3 to 4 weeks. There was a lack of evidence of the details of the type of pain and the symptoms lasting for more than 3 to 4 weeks. The Official Disability Guidelines do recommend the EMG as an option to be obtained after 1 month of conservative therapy but it is not necessary if radiculopathy has already been clinically obvious. There is a lack of evidence of any conservative care. The documentation provided stated that the physical therapy was not helpful but there were no specifics on that and there was no indication of any home exercise program or the list of medications to provide NSAIDS. The Official Disability Guidelines do not support a nerve conduction study as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms of radiculopathy. Therefore, the request for the EMG/NCV is not medically necessary.

**LUMBAR MRI:** 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): 296-297. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back, MRIs (Magnetic Resonance Imaging).

**Decision rationale:** The request for the MRI of the lumbar is not medically necessary. The California MTUS Guidelines do not address this issue. The California MTUS/ACOEM Guidelines recommend a MRI for possible spinal stenosis or post laminectomy. The Official Disability Guidelines only recommend an MRI study for the lumbar spine if there was trauma or if there is myelopathy. The recent research states that more than half of the request for an MRI of the lumbar spine ordered for indications considered inappropriate or of uncertain value. Also, the MRI is recommended for uncomplicated low back pain with radiculopathy after at least 1 month of conservative therapy. There is no evidence of conservative therapy including the physical therapy and the use of NSAIDS or a home exercise program. Therefore, the MRI of the lumbar is not medically necessary.