

<b>Case Number:</b>	CM13-0057299		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/14/2013
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 Family Practice 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 58-year-old male who reported an injury on 08/14/2013. The mechanism of injury was not provided. The injured worker's diagnoses includes lumbar spine radiculopathy. The physical examination of 10/15/2013 revealed positive straight leg raise on the right with increased low back pain radiating to the right buttock. The injured worker had sensation of light touch that was symmetrical on the right and left lower legs and feet. The patellar deep tendon reflexes were decreased on the right to a +1. The request was made for an MRI of the lumbar spine and an NCV/EMG of the bilateral lower extremities. The documentation and appeal dated 11/12/2013 revealed the injured worker had an examination of 10/30/2013, which was not provided for review, and it was indicated there were complaints of radiating pain to the lower extremities with intermittent numbness and tingling sensations affecting the right foot. Additionally, the injured worker had a positive straight leg raise with low back pain radiating to the right buttock. It was further indicated the injured worker had decreased strength with the right dorsi flexor and right extensor hallucis long muscle and normal strength in the bilateral knee flexors and knee extensors. The injured worker was diagnosed with lumbar spine radiculopathy. It was indicated that the injured worker had a failure of conservative therapy. The request was made again for an MRI of the lumbar spine and an NCV/EMG of the bilateral lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI OF THE LUMBAR SPINE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), CHAPTER 12, 303-305

**Decision rationale:** ACOEM Guidelines indicate that unequivocal objective findings that identify specific nerve root compromise on the neurologic examination are sufficient evidence to warrant imaging in injured workers who do not respond to treatment and who would consider surgery an option. The clinical documentation submitted for review indicated the injured worker had specific nerve compromise on the neurologic examination and had failed to respond to treatment. However, there was a lack of documentation indicating the injured worker would consider surgery an option. There was a lack of documentation indicating the plan if the patient had findings upon MRI. Given the above, the request for the MRI of the lumbar spine is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**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 injured workers with low back symptoms lasting more than three or four weeks. The clinical documentation submitted for review indicated the injured worker had findings of radicular pain on the right lower extremity. There were no objective findings on the left lower extremity. Official Disability Guidelines do not recommend NCS as there is minimal justification for performing nerve conduction studies when a injured worker is presumed to have symptoms on the basis of radiculopathy. The clinical documentation submitted for review indicated the injured worker had radicular findings. There was a lack of documentation indicating the necessity for both an EMG and an NCS. There was a lack of documentation indicating the injured worker had a need for bilateral studies as the findings were documented for the right extremity. Given the above, the request for EMG/NCS of the bilateral lower extremities is not medically necessary.