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| <b>Case Number:</b>   | CM13-0058620 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 06/05/2013 |
| <b>Decision Date:</b> | 04/14/2014   | <b>UR Denial Date:</b>       | 10/24/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/27/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain that was associated with an industrial injury of June 5, 2013. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and extensive periods of time off of work, on total temporary disability. In a utilization review report of October 24, 2013, the claims administrator denied a request for an orthopedic spine surgery consultation stating that there is no clear evidence of a lesion amenable to surgical correction. Electrodiagnostic testing was also denied, along with a pain management consultation. The applicant's attorney subsequently appealed. A November 8, 2013 progress note is sparse, handwritten, difficult to follow; not entirely legible. The applicant reports persistent low back pain radiating to the left leg. Positive straight leg raising was appreciated. The applicant is asked to obtain a pain management consultation to consider epidural steroid injection therapy. A cane and back brace were endorsed, along with electrodiagnostic testing. The applicant is asked to remain off of work, on total temporary disability, in the interim. A lumbar MRI (magnetic resonance imaging) of August 24, 2013 is notable for a low grade 1 to 2 mm annular disk bulge and muscle spasm, with no evidence of a large disk herniation, spinal stenosis, or neuroforaminal stenosis. The applicant had previously had electrodiagnostic testing of the lumbar spine and lower extremities which was apparently interpreted on August 19, 2013 as demonstrating an L5-S1 radiculopathy. It is noted that the EMG (electromyogram) findings are displayed in a very unusual format, without clear summary statement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management Consultation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

**Decision rationale:** As noted on in the MTUS-adopted ACOEM Guidelines, referral to a physical medicine practitioner (aka pain management physician) is indicated in applicants in whom there is "no clear indication for surgery." In this case, there is no clear indication for surgery. The applicant has seemingly failed to respond favorably to conservative treatment. The applicant had persistent low back complaints out of the day of the utilization review report, October 24, 2013, which he had failed to respond favorably to conservative treatment. The MRI (magnetic resonance imaging) was largely negative and failed to uncover any lesion amenable to surgical correction. A pain management/physical medicine consultation was indicated, for all the stated reasons. Therefore, the request is certified, on Independent Medical Review.

**EMG for the Bilateral Lower Extremities:** Upheld

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

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

**Decision rationale:** This was presented as a prospective request with a utilization review report of October 14, 2013. As of the date of the utilization report of October 24, 2013, however, the applicant had already had prior electrodiagnostic testing in August 2013 which apparently demonstrated a diagnosis of L5-S1 radiculopathy. Repeat EMG (electromyogram) testing was therefore superfluous as the diagnosis of lumbar radiculopathy had already been established on the strength of prior electrodiagnostic testing in August 2013. As noted in the MTUS/ACOEM Guideline, EMG testing for a diagnosis of clinically obvious radiculopathy is "not recommended." Therefore, the request is not certified as the diagnosis of radiculopathy had already been definitively established as of the date of the utilization review report, October 24, 2013.

**NCV of the Bilateral Lower Extremities:** Upheld

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

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

**Decision rationale:** The MTUS does not address the topic of nerve conduction testing of the lower extremities. As noted in the ACOEM Guidelines, nerve conduction studies are usually normal in radiculopathy but can be employed to rule out other causes of lower limb symptoms such as generalized peripheral neuropathy. In this case, however, there was no clearly voiced suspicion of a generalized peripheral neuropathy for which nerve conduction testing would have been indicated as of the date of the utilization review report, October 24, 2013. As noted previously, the applicant has already had prior electrodiagnostic testing in August 2013 which definitively established the diagnosis of L5-S1 lumbar radiculopathy. Repeat NCS (nerve conduction study) testing is not therefore indicated. Therefore, the request is not certified, on Independent Medical Review.

**Consultation with Orthopedic Spine Specialist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines, referral for surgical consultation is indicated for those applicants who have severe and disabling radicular complaints who have failed conservative treatment and who have clear clinical, imaging, and/or electrodiagnostic evidence of a lesion amenable to surgical correction. In this case, however, the applicant's low grade annular bulge at L5-S1 is not a lesion amenable to surgical correction. There is no clear surgical target present here. Therefore, the proposed spine surgery consultation is not certified, on Independent Medical Review.