

<b>Case Number:</b>	CM13-0060889		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/17/2013
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 Anesthesiology, has a subspecialty in Acupuncture & Pain 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:

53y/o female injured worker with date of injury 7/17/13. She is diagnosed with back pain with sciatica and sacroiliitis condensans. 7/23/13 lumbar x-ray noted progressive degenerative joint disease at L4-L5 and L5-S1. 7/23/13 thoracic x-ray revealed minimal midthoracic spine degenerative disc disease with no evidence of an acute fracture. Per 12/11/13 exam, the injured worker complains of sciatic pain down both anterior thighs to the knees. On exam, she was tender over both sacroiliac joints; DTR's brisk at the knees and ankles; ambulatory with normal gait and stooped posture; fair lumbar lordotic curve; no muscle tightness or spasms in the mid or low back; no atrophy. She was refractory to physical therapy. She attended four of six chiropractic visits which provided improvement for a day. The date of UR decision was 11/22/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG) left lower extremity:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007) - Chapter 12- Low Back Complaints, pages 303-305.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** Review of the submitted documentation reveals a lack of available MRI study, ACOEM p178 states "When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." I respectfully disagree with the UR physician that there are no findings to suggest neuropathic pain as the injured worker complains of sciatica. The request is medically necessary.

**Nerve Conduction Velocity (NCV) right lower extremity:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, and Online Edition.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** Review of the submitted documentation reveals a lack of available MRI study, ACOEM p178 states "When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." I respectfully disagree with the UR physician that there are no findings to suggest neuropathic pain as the injured worker complains of sciatica. The request is medically necessary.

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