

<b>Case Number:</b>	CM13-0063993		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/24/2003
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 Neurology, has a subspecialty in Neuro-oncology, and is licensed to practice in Texas, Massachusetts, and Ohio. 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 patient is a 57-year-old female who sustained a cumulative injury on 02/24/2003. The documentation submitted for review indicated the injury was due to repeatedly having to move patients. The patient underwent an MRI of the lumbar spine on 12/09/2013, which noted the patient had undergone a dorsal fusion from L4 to S1 without evidence of postoperative complications. The impression further noted the patient had a 2 mm broad based posterior disc bulge at L5-S1 and facet arthropathy was present at L3-4. The patient was evaluated on 11/19/2013 when she presented with back pain. Upon physical examination, the patient was noted to have left lower lumbar paraspinal muscles and right lower lumbar paraspinal muscle tenderness. The patient's neurological findings were noted as sensation was intact to light touch; however, the legs showed a gross tremor that varied from barely noticeable, to quite pronounced. The diagnoses were noted as back pain, lumbar radiculopathy, cervicalgia, and tremors. The treatment plan was noted as MRI lumbar spine with and without contrast and request EMG/NCV of the lower extremities. The documentation further stated the patient's Neurontin was increased by 300 mg every 5 days until she reaches 3600 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nerve conduction velocity (NCV) for bilateral lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The documentation submitted for review indicated the patient had tremors to bilateral lower extremities upon neurological examination. ACOEM recommends diagnostic studies in patients with unequivocal objective findings that identify specific nerve compromise on the neurological examination and who would consider surgery an option. However, the patient underwent an MRI of the lumbar spine on 01/29/2013, which had significant findings that corroborated with the patient's symptomatology. The Guidelines do not recommend additional imaging studies when a single imaging study or diagnostic procedure has conclusive findings that corroborate with the patient's symptomatology. Furthermore, the documentation submitted for review did not indicate that patient was being considered for a surgical procedure. Given the information submitted for review, the request for nerve conduction velocity (NCV) for bilateral lower extremity is non-certified.

**Electromyography (EMG) for bilateral lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The documentation submitted for review indicated the patient had tremors to bilateral lower extremities upon neurological examination. The Guidelines state unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. However, the patient underwent an MRI of the lumbar spine on 01/29/2013, which had significant findings that corroborated with the patient's symptomatology. The Guidelines do not recommend additional imaging studies when a single imaging study or diagnostic procedure has conclusive findings that corroborate with the patient's symptomatology. Furthermore, the documentation submitted for review did not indicate that patient was being considered for a surgical procedure. Given the information submitted for review, the request for electromyography (EMG) for bilateral lower extremity is non-certified.