

<b>Case Number:</b>	CM13-0066151		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	12/01/1998
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 patient is a [REDACTED] employee who has filed a claim for lumbar sprain and strain associated with an industry injury of December 01, 1998. Thus far, the patient has been treated with NSAIDs, muscle relaxant, modified duty, physical therapy, chiropractic therapy, and an epidural injection. The patient is currently working usual duties. In a utilization review report of December 03, 2013, the claims administrator denied a request for Electromyography (EMG)/Nerve Conduction Velocity (NCV) of the right lower extremity as there was no documentation of progression of neurologic deficit or indication of a red flag condition, and for MRI of the lumbar spine as there was no progression of symptoms or red flag condition to support the need for the procedure. Review of progress note from November 2013 shows that patient experiences intermittent right-sided lumbar pain radiating to the right calf. There is tenderness over the right lumbar region with positive straight leg raise test on the left and right and some weakness and sensory deficit in the right L5-S1 distribution. MRI dated October 13, 2011 showed disc desiccation at L2-3, L3-4, and L4-5 with disc bulges at L2-3 and L4-5 and midline disc extrusion with subligamentous caudal migration measuring 8-mm craniocaudal and 4-mm AP at L3-4. Patient is currently on ibuprofen as needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI OF THE LUMBA SPINE WITHOUT CONTRAST:** 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): 303-304.

**Decision rationale:** As noted on pages 303-304 of the MTUS ACOEM Guidelines, there is support for imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In this case, there has been no significant change in symptoms and objective findings since 2011, red flag symptoms, or documented failure of treatment. Therefore, the request for MRI of the lumbar spine without contrast was not medically necessary per the guideline recommendations of MTUS.

**EMG/NCV OF THE RIGHT LOWER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** As noted on page 303 of the MTUS ACOEM Guidelines, electromyography (EMG) is indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states that Electromyography (EMG)'s may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Nerve Conduction Velocity (NCV)'s are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. In this case, patient has shown mild motor and sensory deficit consistent with the right L5-S1 distribution since 2011. There has been no progression of symptoms or documentation of failure of therapy. Also, NCS is not recommended as the symptoms and findings documented are consistent with L5-S1 radiculopathy. Therefore, the request for EMG/NCV of the right lower extremity was not medically necessary per the guideline recommendations of MTUS and (ODG) Official Disability Guidelines.