

<b>Case Number:</b>	CM13-0072223		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/28/1999
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 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 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:

Patient is a 75 year-old female with date of injury 07/28/1999. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/08/2013, lists subjective complaints as pain in the cervical spine and pain in the lumbar spine. Patient had undergone a lumbar laminectomy in September of 2000. She underwent an ACDF (Anterior Cervical Decompression and Fusion) C3-C7 in March of 2001 followed by revision surgery on 08/12/2001 due to unstable screws. Objective findings: Examination of the cervical spine revealed tenderness to palpation and pain with flexion. Examination of the lumbar spine revealed tenderness to palpation and pain with flexion. Patient ambulates with a cane and has an antalgic gait. Diagnosis: 1. Cervicalgia 2. Pain in joint and shoulder. 3. Lumbago 4. Pain in thoracic spine. To date, patient has attender 4 sessions of physical therapy and has reported a 30% improvement in pain symptoms. The physical therapy report dated 11/25/2013 states that the patient standing and walking tolerance has increased from 5 minutes to 10 minutes before needing to rest.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG) bilateral lower extremities (BLE):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography).

**Decision rationale:** The ACOEM Guidelines state that electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The patient has had previous lumbar surgery which complicates the making of a diagnosis considerably. Therefore, the request for Electromyography (EMG) bilateral lower extremities (BLE) is medically necessary.

**Nerve Conduction Velocity Studies (NCVS) bilateral lower extremities (BLE):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS).

**Decision rationale:** According to the Official Disability Guidelines, nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. Therefore, the request for Nerve Conduction Velocity Studies (NCVS) for bilateral lower extremities (BLE) is not medically necessary and appropriate.

**Nephrology Exam and treat to evaluate kidneys:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, Page 132.

**Decision rationale:** According to the MTUS, a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record lacks sufficient documentation does support a referral request. Therefore, the request for Nephrology Examination and treatment to evaluate kidneys is not medically necessary and appropriate.

**Twelve (12) Physical therapy sessions:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

**Decision rationale:** Therapeutic physical therapy for the low back is recommended as an option with authorization for a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, prior to authorizing more treatments with a total of up to 18 visits over 6-8 weeks. A physical therapy report after 4 of the 6 trial of visits documents at a 50% improvement and functional ability. Therefore, the request for Twelve (12) Physical therapy sessions is medically necessary and appropriate.