

<b>Case Number:</b>	CM14-0002893		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	04/22/2013
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 Orthopaedic Surgery 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 injured is a 63-year-old male who sustained an industrial related injury on April 22, 2013. The diagnosis is listed as lumbago (724.2) secondary to lifting a rock. A request for electrodiagnostic studies was not certified in the preauthorization process as an enhanced imaging study and a negligible physical examination did not identify any specific nerve root compromise. The treatment to date has included chiropractic care, orthopedic spine consultation, medications and enhanced imaging studies identifying osteophytic changes, a disc protrusion, and degenerative disc disease. A previous progress note documented ongoing complaints of low back pain and mild bilateral proximal lower extremity pain. No specific neurologic findings are reported. The progress note from April, 2013 noted negative straight leg raising, positive Waddell sign, and no specific neurologic compromise in either lower extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG OF THE BILATERAL LOWER EXTREMITY (BLE):** Upheld

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

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

**Decision rationale:** As noted in the American College of Occupational and Environmental Medicine (ACOEM) guidelines, the standards for electrodiagnostic testing are to sort out subtle neurologic dysfunction. When noting the findings identified on enhanced imaging studies and on physical examination, there is no clinical indication presented to support the need for such a test. Therefore, there is insufficient clinical data presented to support this request. As such, the request is not certified.

**NCS OF THE BILATERAL LOWER EXTREMITY (BLE):** 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, NCS

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

**Decision rationale:** The injury was to the low back secondary to lifting a stone. There are no noted upper extremity findings to support the need for nerve conduction studies or any indicators for a carpal tunnel syndrome. According to the ACOEM guidelines, the conduction studies are accepted to establish the severity of an entrapment neuropathy of the wrist (carpal tunnel syndrome); however, that is not an issue discussed in this case. As such, the request is not certified.

**BILATERAL L4-L5 TF EPIDURAL STEROID INJECTION (ESI):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**Decision rationale:** The standards for epidural steroid injections as noted in the California Medical Treatment Utilization Schedule (MTUS) require objectification of a verifiable radiculopathy. When noting the mechanism of injury tempered by the findings noted on enhanced imaging studies and taking into account the multiple physical examination assessments completed, there is no objectification of such a radiculopathy. There is no cooperation between physical examination or imaging studies. Therefore, based on the clinical information presented, there is insufficient data to support this request. As such, the request is not certified.