

<b>Case Number:</b>	CM14-0009431		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	01/27/2011
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 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:

The patient is a 49 year old male who was injured on 01/27/2011 while being involved in a motor vehicle accident. The patient is a 49 year old male who was injured on 01/27/2011 while being involved in a motor vehicle accident. Prior treatment history has included the patient undergoing acupuncture, which he tolerated well, cervical epidural in the past. The patient is currently using a TENS unit and the medications help with pain. A trial of gabapentin 300 mg was tried. A qualified medical Examiner report dated 10/31/2013 regarding the cervical spine examination. It reveals inconsistent left cervical tenderness and inconsistent left trapezius ridge tenderness. The range of motion exhibits 42 degrees of flexion, 52 degrees extension, rotation 55 degrees on the left and 60 degrees on the right, lateral flexion is 35 degrees on the left and 30 degrees on the right. The patient complains of pain on left grip strength testing. Examination of the shoulder reveals normal findings. Examination of the thoracolumbar spine reveals normal range of motion in flexion and rotation of the spine, 55 degrees flexion, 20 degrees extension, 20 degrees lateral bending on the left and 18 degrees lateral bending on the right. Straight leg raising both seated and supine was negative bilaterally. Reflex, sensation and motor findings were normal. Progress report dated 12/30/2013 documented the patient with acute pains last week. The patient continues to have neck pain and sometimes feels numbness in the left upper extremity with some difficulties driving and memory issues. Also the patient has sleep and mood issues in addition to lower back pain with radiation to left extremity, left greater than right with weakness, numbness and tingling sensation. The pain level is 8/10. Diagnoses: 1. Cervical degenerative disc disease 2. Lumbar strain 3. Myofascial pain 4. Change in sexual function 5. History of gastritis Treatment Plan: 1. The patient should return to the treating physician to discuss restrictions. 2. The patient has sufficient medications such as Lidopro ointment as a topical analgesic. 3. He should continue cervical and lumbar acupuncture for six more sessions.

4. Discontinue gabapentin 300 mg. 5. Request for CBC, CMP, standard kidney and liver labs. 6. Request EMG/NCV of the lower extremities. 7. Request neurologist evaluation and follow up. Utilization review report dated 01/09/2014 denied the request for Electromyography/Nerve conduction velocity of bilateral lower extremities based on the clinical documentation submitted for review. There is insufficient evidence supporting possible diagnosis of lumbar radiculopathy that would reasonably require Electromyography/Nerve conduction velocity. No prior imaging studies of the lumbar spine were submitted for review. In the most recent evaluation o 2013 there was no demonstrated evidence of neurological deficit. The request for follow up for neck and low back due to consistent headache is not medically necessary. In this case there is no evidence of any new or progressively worsening neurological findings for the neck or low back supporting further care. The request for CBC, CMP, kidney and liver labs is nor medically necessary. The claimant was noted to have previously utilized gabapentin, however this was not tolerated due to side effects. There are no indications for laboratory panels.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **ELECTROMYOGRAPHY (EMG) OF THE BILATERAL LOWER EXTREMITIES:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 12, LOW BACK COMPLAINTS, 304-305.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.. Decision based on Non-MTUS Citation X Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Electromyography.

**Decision rationale:** Official Disability Guidelines (ODG) guidelines recommend electromyography as an option to obtain unequivocal evidence of radiculopathy. The patient is a 47 year old male with chronic neck and low back pain attributed to a 1/27/10 motor vehicle accident. Qualified medical examiner on 10/31/14 notes no complaints or physical examination findings of lumbar radiculopathy. No further treatment is indicated for the lumbar spine. Clinic note on 12/30/13 notes left greater than right lower extremity numbness, weakness and tingling. There is no mention of interval injury. No physical examination findings are provided. Bilateral lower extremity EMG/NCS on 1/8/14 suggests L5 radiculopathy. However, this finding is not corroborated by 1/21/14 lumbar MRI, which does not demonstrate foraminal stenosis or nerve impingement. In sum, records of symptoms are inconsistent. There are no physical examination findings of radiculopathy. Medical necessity is not established.

#### **NERVE CONDUCTION VELOCITY (NCV) OF THE BILATERAL LOWER EXTREMITIES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 12, LOW BACK COMPLAINTS, 304-305.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Nerve Conduction Studies.

**Decision rationale:** Official Disability Guidelines (ODG) guidelines do not recommend nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Neurologic testing procedures have limited overall diagnostic accuracy in detecting disc herniation with radiculopathy. The patient is a 47 year old male with chronic neck and low back pain attributed to a 1/27/10 motor vehicle accident. Qualified medical examiner on 10/31/14 notes no complaints or physical examination findings of lumbar radiculopathy. No further treatment is indicated for the lumbar spine. Clinic note on 12/30/13 notes left greater than right lower extremity numbness, weakness and tingling. There is no mention of interval injury. No physical examination findings are provided. Bilateral lower extremity EMG/NCS on 1/8/14 suggests L5 radiculopathy. However, this finding is not corroborated by 1/21/14 lumbar MRI, which does not demonstrate foraminal stenosis or nerve impingement. In sum, records of symptoms are inconsistent. There are no physical examination findings of radiculopathy. Medical necessity is not established.

**FOLLOW-UP FOR THE NECK AND LOW BACK AND DUE TO CONSISTENT HEADACHE:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** American College of Occupational and Environmental Medicine (ACOEM) guidelines recommend referral to other specialist if a diagnosis is extremely complex or uncertain or patient care may benefit from additional expertise. This appears to be a request for a neurology follow-up after initial consultation for chronic headache. However, further follow-up with neurology should depend upon the outcome of the consultation. Also, further care of the lumbar spine does not clearly appear to be necessary. Medical necessity is not established.

**LABS: COMPLETE BLOOD COUNT (CBC), COMPREHENSIVE METABOLIC PANEL (CMP), KIDNEY, AND LIVER LABS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 2: MEDICAL RECORD KEEPING.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 15.

**Decision rationale:** American College of Occupational and Environmental Medicine (ACOEM) guidelines recommend further evaluation of red flag conditions. A request is made for CBC and

CMP laboratories, which may be warranted for patients taking Non-steroidal anti-inflammatory drugs (NSAIDs), acetaminophen or other drugs on a chronic basis. However, a complete medication list is not provided at the time of the request. Chronic NSAID, acetaminophen, or narcotic use is not documented. Gabapentin was discontinued at the time of request. There are no complaints or physical examination findings to support the request. No rationale is provided. Medical necessity is not established.