

<b>Case Number:</b>	CM14-0009650		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	03/14/2013
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/17/2014
<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 New York and North Carolina. 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 58 year old woman who suffered a work-related injury on 3/14/13 when hit with a gurney as she was transporting a patient. She now has lumbar sprain, left hip contusion, and lumbar spinal stenosis. She is diagnosed with a radiculopathy. Her MRI shows multilevel degenerative changes, with spondylosis and degenerative disc changes, most prominent at L2-3 and L3-4. She has had aqua therapy and physical therapy, as well as cortisone injections, both epidural and facet. She had the most relief with aqua therapy, but has also undergone ultrasound and TENS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PAIN MANAGEMENT CONSULT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: There is no guideline to address the non-specific request for a pain management consult.

**Decision rationale:** The reasoning for pain management consultation was not clear in the request, so it cannot be justified, nor a guideline applied. There are guidelines for comprehensive pain management consultation, but it is not clear if that was being requested. She has been returned to regular duty without follow-up in her occupational health clinic, so consultation did not appear to be warranted. As such, the request is not medically necessary.

**ELECTROMYOGRAPHY BILATERAL LOWER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Physical Therapy (PT) Guidelines- Low Back Disorder.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** This patient has already had MRI showing pathology. EMG may be most helpful in assisting in the identification of disk protrusion. It is less helpful in diagnosing spinal stenosis. Both of these have already been defined by MRI study. The EMG is helpful in obtaining unequivocal evidence of radiculopathy, but is not necessary if radiculopathy is already clinically obvious. The EMG is not indicated; the request is not medically necessary.

**NERVE CONDUCTION VELOCITY BILATERAL LOWER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Electrodiagnostic Studies and Low Back, Electrodiagnostic Studies and Nerve Conduction Studies.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** Electrodiagnostic studies of the lower extremity only consist of electromyography and sensory evoked potentials. Nerve conduction study is not recommended for this patient. As such, the request is not medically necessary.