

<b>Case Number:</b>	CM14-0109524		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	10/08/2012
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 52 year-old male was reportedly injured on 10/8/2012. The most recent progress note, dated 7/31/2014. Indicates that there are ongoing complaints of low back pain that radiates into the bilateral lower extremities. The physical examination demonstrated Lumbar spine: positive tenderness to palpation of the paravertebral muscles with noted spasm. Seated nerve root test is positive. Range of motion is guarded and restricted. Decreased sensation, thigh. Leg, and knee, medial leg and foot in the L4-L5 dermatome, muscle strength 4/5, reflexes are symmetrical. No recent diagnostic studies are available for review. Previous treatment includes Medications, chiropractic care, and conservative treatment. A request had been made for MRI lumbar spine, EMG/NCV of the bilateral lower extremities and was not certified in the pre-authorization process on 6/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar spine:** 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 (ODG) Low Back, MRI's

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** ACOEM practice guidelines support a MRI of the lumbar spine for patients with subacute or chronic radiculopathy lasting at least 4 to 6 weeks if symptoms are not trending towards improvement, and if both the patient and surgeon are considering prompt surgical treatment, assuming the MRI confirms ongoing nerve root compression. Review of the available medical records fails to report the patient would consent to surgery. As such, the request is not considered medically necessary.

**Electromyography (EMG) of the bilateral lower extremities:** 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 (ODG) Low Back

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a CT or MRI is equivocal and there are ongoing lower extremity symptoms. The claimant has signs and symptoms consistent with a radiculopathy, MRI documents a foraminal stenosis at L4/5, and a lumbar epidural steroid injection has been recommended and is pending approved (6/23/2014). Therefore, an EMG/NCS would not change the current treatment recommendations and is not considered medically necessary at this time.

**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 Official Disability Guidelines (ODG) Low Back

**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) Chronic Pain - Diagnostic Investigations (electronically sited).

**Decision rationale:** ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a CT or MRI is equivocal and there are ongoing lower extremity symptoms. The claimant has signs and symptoms consistent with a radiculopathy, MRI documents a foraminal stenosis at L4/5, and a lumbar epidural steroid injection has been recommended and is pending approved (6/23/2014). Therefore, an EMG/NCS would not change the current treatment recommendations and is not considered medically necessary at this time.