

<b>Case Number:</b>	CM14-0015212		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	04/23/2013
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 Neurological 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 worker is a 43-year-old female with a date of injury of April 23, 2013. The injury occurred while the injured worker was attempting to break a fall by holding onto a desk, causing pain to the right upper body. A progress note dated December 12, 2013 is provided for review indicating that the injured worker has a diagnosis of cervical sprain/strain, thoracic sprain/strain with lower extremity radiculopathy, and lumbar sprain/strain symptoms with L3 radiculopathy as well as a right ankle sprain/strain. There is no objective documentation in this report. The treatment plan recommendations include electrodiagnostic and nerve conduction studies based on the symptomatology and persistence of pain in the back with radiation to the lower extremities and associated paresthesias. Physical and pharmacotherapy therapy will be continued. The subjective documentation on this report indicates only that initial treatment included a Transcutaneous Electrical Nerve Stimulation (TENS) unit, bracing, medication, therapy, and the worker, to include MRIs and x-rays. A thoracic spine MRI revealed multilevel spondylitic changes at the junction of the thoracic and lumbar spine, and some loss of the normal thoracic kyphosis. The record indicates that an MRI of the lumbar spine, right hip, and right ankle have been requested, but these results are not available. A prior visit dated October 10, 2013 indicates the injured worker complains of constant pain in the mid and upper back as well as the right flank at about T-10, T-11, and T-12. The pain increases with repetitive motion. Constant moderate to severe pain and lumbar area is reported. Constant pain in the right ankle over the lateral ankle is noted. Numbness and tingling in the web space between the big toe and second toe is also reported. A notation in the record is made that this is consistent with an L5 radiculopathy affecting the deep peroneal nerve. On examination of the lumbar spine, moderate tenderness and spasm is reported with stiffness. Straight leg raise is positive. Right ankle exam shows localized tenderness and spasm in the anterolateral ankle with increased pain in resistance

to eversion, or with passive inversion. A positive anterior drawer was noted. The clinical impression, and diagnosis of cervical sprain and strain of the right shoulder, thoracolumbar sprain/strain with lower extremity radiculopathy, and lumbar sprain/strain with L3 radiculopathy and right ankle sprain/strain are all noted. Diagnostic therapies reported include an MRI of the thoracic spine. A prior review of this request resulted in a recommendation for a modified certification for an electrodiagnostic study of the right lower extremity on January 17, 2014.

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

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

#### **EMG 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: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE PRACTICE GUIDELINES, 2ND EDITION, 2004, CHAPTER 12 (LOW BACK COMPLAINTS), 308-310

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, California guidelines/ACOEM online: Low Back Complain.

**Decision rationale:** California Medical Treatment Utilization Schedule (CAMTUS) guidelines support electrodiagnostic studies in select clinical settings of pain lasting more than 3-4 weeks, where focal neurologic dysfunction is noted. Based on the clinical data available from a progress note in December, no objective information is provided to support this request. When looking back to prior progress note from October 2013, the clinical data provided includes subjective sensory changes to the foot, but no reflex or motor testing to support a focal neurologic deficit. Nerve root tension tests were not documented. There is insufficient clinical data available to support electromyography (EMG)/Nerve Function Velocity (NCV) studies bilaterally. Therefore, this request is not recommended for certification.

#### **NCV OF BILATERAL LOWER EXTREMITIES: Upheld**

**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 Chronic Pain Medical Treatment Guidelines, California guidelines/ACOEM online: Low Back Complain.

**Decision rationale:** California Medical Treatment Utilization Schedule (CAMTUS) guidelines support electrodiagnostic studies in select clinical settings of pain lasting more than 3-4 weeks, where focal neurologic dysfunction is noted. Based on the clinical data available from a progress note in December, no objective information is provided to support this request. When looking back to prior progress note from October 2013, the clinical data provided includes subjective sensory changes to the foot, but no reflex or motor testing to support a focal neurologic deficit. Nerve root tension tests were not documented. There is insufficient clinical data available to

support electromyography (EMG)/Nerve Function Velocity (NCV) studies bilaterally. Therefore, this request is not recommended for certification.