

<b>Case Number:</b>	CM14-0129362		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	02/09/2002
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 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 36-year-old male who reported an injury on 02/09/2002. The mechanism of injury was not provided. On 05/19/2014, the injured worker presented for a follow-up. Upon examination the lower extremity muscle strength was 5/5 with decreased sensation in the L1, L2, L3, L4, L5 and S1 bilaterally. The diagnoses were status post ProDisc implantation L3-4 and L4-5, significant facet disease L3-4 and L4-5, L5-S1 disc bulge with compression of the thecal sac, bilateral facet arthrosis and marked right and moderate left foraminal narrowing. Prior therapies included medications, surgery, x-rays of the lumbar spine and a bone graft implant. The provider recommended an EMG of the bilateral lower extremities, an NCV of the bilateral lower extremities, an MRI of the lumbar spine and a BUN and Creatinine lab. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG) Bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The request for an EMG (electromyography) of the bilateral lower extremities is not medically necessary. The California MTUS/ACOEM Guidelines state that an EMG may be useful to identify subtle, focal neurological dysfunction in injured workers with low back symptoms lasting more than 3 to 4 weeks. There was lack of neurological deficits pertaining to lumbar spine documented. The clinical note revealed decreased sensation in the bilateral lower extremities. However, there is no evidence of a positive straight leg raise, motor strength or reflex deficits. There was no indication of failure of conservative treatment to include medication and physical therapy. As such, the request is not medically necessary.

**Nerve Conduction Velocity (NCV) Bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back, Nerve Conduction Study.

**Decision rationale:** The request for nerve conduction velocity for the bilateral lower extremities is not medically necessary. The Official Disability Guidelines do not recommend a nerve conduction study for the bilateral extremities. There is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. There is limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. There is lack of evidence of a failure to respond to conservative treatment. Additionally, there is lack of objective functional deficit related to the bilateral lower extremities. As the guidelines do not recommend a nerve conduction study for the bilateral extremities it would not be warranted. As such, the request is not medically necessary.

**MRI with and without Gadolinium for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back - lumbar & thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The California MTUS/ACOEM Guidelines state that unequivocal objective findings identifying specific nerve compromise on a neurologic exam is sufficient evidence to warrant imaging studies in injured workers who do not respond to treatment. However, it is also stated that when the neurologic exam is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The included medical documents failed to show evidence of significant neurologic deficits on physical examination. Additionally, documentation failed to show that the injured worker had tried and failed an adequate course of conservative treatment. In the absence of documentation showing the failure of initially recommended conservative care including active therapies and neurological deficits

on physical exam, an MRI is not supported by the referenced guidelines. As such, the request is not medically necessary.

**BUN and Creatinine labs:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar & thoracic.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

**Decision rationale:** The California MTUS Guidelines recommend periodic lab monitoring of a chemistry profile including liver and renal function tests. The guidelines recommend measuring liver transaminase within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is, however, recommended. The provider's rationale for BUN and creatinine labs was not provided. As such, the request is not medically necessary.