

<b>Case Number:</b>	CM14-0130336		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	04/01/2013
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 General Preventive Medicine and is licensed to practice in Indiana. 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 47-year-old female with date of injury of 4/1/2013. A review of the medical records indicate that the patient is undergoing treatment for lumbar radiculopathy, hisp bursitis, pain in lower leg and left knee. Subjective complaints include continued pain in her lower back and left knee. Objective findings include limited range of motion to 20 degrees and tenderness and spasm of paravertebral muscles upn palpation; straight leg raise postive bilaterally; left knee exam is normal. Treatment has included Norco, Lorazepam, Diazepam, Morphine, and lumbar laminectomy. The utilization review dated August 11, 2014 non-certified EMG and Nerve Conduction Study of the lower extremities, and MRI of the left knee, and MRI of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG (Electromyography ) 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 ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS).

**Decision rationale:** ACOEM states "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." ODG states in the Low Back Chapter and Neck Chapter, "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Electrodiagnostic studies should be performed by appropriately trained Physical Medicine and Rehabilitation or Neurology physicians. See also Monofilament testing". Previous EMG/NCV was inconclusive in April 2010 showing no evidence of sensory or motor polyneuropathy. The medical documentation does not show acute changes since the last EMG. As such the request for EMG OF THE BILATERAL LOWER EXTREMITIES is not medically necessary.

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

**Decision rationale:** The Official Disability Guidelines (ODG) does not recommend NCV testing by stating, "There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." An EMG is not medically necessary as stated above, and the medical documentation does not support any acute changes to justify a NCS. Therefore, the request for a NCS of the bilateral lower extremities is not medically necessary.

**MRI of Left Knee Without Contrast: 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).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329-360.

**Decision rationale:** The ACOEM guidelines states "Primary criteria for ordering imaging studies are:- The clinical parameters for ordering knee radiographs following trauma in this population are: - Joint effusion within 24 hours of direct blow or fall - Palpable tenderness over fibular head or patella- Inability to walk (four steps) or bear weight immediately or within a week of the trauma- Inability to flex knee to 90 degrees. Most knee problems improve quickly once any red-flag issues are ruled out. Even so, remember that while experienced examiners usually can diagnose an ACL tear in the nonacute stage based on history and physical examination, these injuries are commonly missed or over diagnosed by inexperienced examiners,

making MRIs valuable in such cases." The physical exam for the left knee does not show any of the above criteria, so MRI of the left knee is not medically necessary.

**MRI of Lumbar With Contrast:** 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:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

**Decision rationale:** MTUS/ACOEM recommend MRI, in general, for low back pain when "cauda equine, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative, MRI test of choice for patients with prior back surgery" ACOEM additionally recommends against MRI for low back pain "before 1 month in absence of red flags". The Official Disability Guidelines (ODG) states, "Imaging is indicated only if they have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions. Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, cauda equina syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms." The medical notes provided did not document (physical exam, objective testing, or subjective complaints) any red flags, significant worsening in symptoms or other findings suggestive of the pathologies outlined in the above guidelines. As such, the request for MRI lumbar spine is not medically necessary.