

<b>Case Number:</b>	CM14-0151910		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	04/25/2000
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 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:

This is a 56-year-old man injured on 4/25/2000. Documents indicate that the injuries resulted from a fall at work. The disputed diagnostic testing not approved in the utilization review determination letter of 8/29/14 are MRI of the lumbar spine, EMG-NCV bilateral lower extremity, digital electronic range of motion test, digital electronic myometry, and computerized sensory testing. Submitted documents indicate there has been significant previous treatment for injuries to the back with lumbar radiculopathy, as well as mention of injury to the right knee with surgery. He has been treated with opiates chronically for multiple years; had epidural steroid injections, multiple lumbar surgeries including decompression L4-5 with fusion and L4-S-1 pedicle screws and fusion at L5-S1 in 2003. Documents indicate 4 lumbar spine surgeries. There is mention of secondary complications in the upper extremities due to using a cane. He has been treated psychiatrically. There been previous medical legal evaluations including an AME re-examination from 4/22/14, and the patient at that time was considered to be essentially the same and at permanent stationary status as was previously described. No additional diagnostic testing was recommended unless there was progressive pain with signs of loss of neurologic function. The report requesting the disputed diagnostic testing and computerized examination is from 7/29/14, which is an initial evaluation from orthopedics. Chief complaints are low back pain, right knee pain, and right ring finger pain. This noted previous radiographs, MRI lower back, and lower but not upper extremity electrodiagnostic studies. Examination findings included lower extremity reflexes 2+ and symmetrical patella and Achilles, absent Babinski (normal), some lumbar tenderness, negative bilateral straight leg raises, and non-diffuse tenderness in the right knee mainly medial. Lumbar spine MRI was requested because of prolonged complaints. Lower extremity electrodiagnostic studies were also requested due to prolonged lower extremity radicular complaints. Digital electronic range of motion testing was requested to identify and

objectify any directly measurable losses of joint motion. Digital electronic myometry, i.e. electronic muscle strength testing was requested in order to identify and objectify any directly measurable losses of motor strength. Computerized sensory testing was requested in order to identify and objectify any directly measurable sensory deficit. The diagnosis was lumbar spine surgeries (four).

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

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

**Lumbar MRI (magnetic resonance imaging): 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): 303-304.

**Decision rationale:** The documents indicate that it has been over a year since the patient had a lumbar MRI. However, the requesting report does not document any focal neurologic deficits in the lower extremities thus there is no evidence of any progressive neurologic deficit; there is no mention of any concern for a red flag such as a tumor, mass or infection in the spine. There is no plan for surgery. There has been no recent trauma and there is no mention of any concern for fracture. ACOEM guidelines recommend MRI when cauda equina, tumor, infection or fracture is strongly suspected and plain film radiographs are negative. They also state that objective findings identifying specific nerve compromise on the neurologic examination would warrant imaging. This presentation meets none of those criteria. Therefore, based upon the evidence and the guidelines, this is not considered to be medically necessary.

**EMG (electromyography) of left lower extremity: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304 and 308-309.

**Decision rationale:** ACOEM guidelines recommend EMG and H reflex tests to clarify nerve root dysfunction but there is no documentation of any concern for nerve root dysfunction on physical examination. There is no documentation of any progression of any pre-existing nerve root dysfunction. This injury is chronic and the request to perform these studies because there are persistent chronic complaints is not an indication for the diagnostic tests. Therefore, based upon the evidence and the guidelines, this is not considered to be medically necessary.

**EMG (electromyography) of right lower extremity: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304 and 308-309.

**Decision rationale:** ACOEM guidelines recommend EMG and H-reflex tests to clarify nerve root dysfunction but there is no documentation of any nerve root dysfunction on physical examination. There is no documentation of any progression of any pre-existing nerve root dysfunction. This injury is chronic and the request to perform these studies because there are persistent chronic complaints is not an indication for the diagnostic tests. Therefore, based upon the evidence and the guidelines, this is not considered to be medically necessary.

**NCV (nerve conduction studies) left lower extremity:** 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 Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304 and 308-309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back, electrodiagnostic testing

**Decision rationale:** ACOEM guidelines do not discuss nerve conduction studies to evaluate for lumbar nerve root dysfunction in the lower back. The report makes no mention of any concern for a peripheral neuropathy. Official Disability Guidelines states that nerve conduction studies are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. This injury is chronic and the request to perform these studies because there are persistent chronic complaints is not an indication for the diagnostic tests. Therefore, based upon the evidence and the guidelines, this is not considered to be medically necessary.

**NCV (nerve conduction studies) right lower extremity:** 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 Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back, electrodiagnostic testing

**Decision rationale:** ACOEM guidelines do not discuss nerve conduction studies to evaluate for lumbar nerve root dysfunction in the lower back. The report makes no mention of any concern for a peripheral neuropathy. Official Disability Guidelines states that nerve conduction studies are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. This injury is chronic and the request perform these studies because there is

persistent chronic complaints is not an indication for the diagnostic tests. Therefore, based upon the evidence and the guidelines, this is not considered to be medically necessary.

**Digital electronic ROM Testing: 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)-TWC

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 292-295. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) back, Flexibility

**Decision rationale:** Digital electronic range of motion testing was requested to identify and objectify any directly measurable loss of joint motion. There is no indication why determining whether or not there is any loss of range of motion in the lumbar spine would require anything other than standard physical examination techniques described in the ACOEM low back chapter. Additionally, Official Disability Guidelines indicates that flexibility is not recommended as a primary criterion but should be part of a routine musculoskeletal exam and evaluation. The relation between lumbar range of motion measures and functional ability is weak or nonexistent. Therefore, using a digital electronic system in order to measure range of motion would not have any bearing on the patient's treatment measures or the outcome. Therefore based upon the evidence and the guidelines, this is not considered to be medically necessary.

**Digital Electronic Myometry: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMA Guides to the Evaluation of Permanent Impairment

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 292-295.

**Decision rationale:** Digital electronic myometry, i.e. electronic muscle strength testing was requested in order to identify and objectify any directly measurable loss of motor strength. The report does not indicate why this cannot be performed using standard physical exam muscle strength testing as described in ACOEM guidelines. Based upon the evidence and the guidelines, this is not considered to be medically necessary.

**Computerized Sensory Test: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMA Guides to the Evaluation of Permanent Impairment

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 292-295.

**Decision rationale:** The report states that computerized sensory testing was requested in order to identify and objectify any directly measurable sensory deficit. There is no mention of why computers are needed to do this. ACOEM guidelines state that sensory testing can be done using light pinprick techniques and light touch testing. Therefore, based upon the evidence and the guidelines, this is not considered to be medically necessary.