

Case Number:	CM14-0153371		
Date Assigned:	09/23/2014	Date of Injury:	03/22/2014
Decision Date:	10/24/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/19/2014

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 33-year-old female who reported a date of injury of 03/22/2014. The mechanism of injury was reported as a fall. The injured worker had a diagnosis of lumbar back pain. Prior treatments included physical therapy. The injured worker had an x-ray of the lumbar spine on 03/22/2014 with an unofficial report indicating negative for fracture, an MRI of the lumbar spine on 05/19/2014 with an official report indicating a broad based posterior disc protrusion at L5-S1, minimal mass effect upon the S1 nerve roots, mild left foraminal encroachment is appreciated at the L5-S1 level, and mild facet degeneration at the lower lumbar levels. Surgeries were not indicated within the medical records provided. The injured worker had complaints of lower back pain aggravated by leaning back or bending forward. The clinical note, dated 05/23/2014, noted the injured worker had mild tenderness to palpation of the paraspinal muscles bilaterally with palpable muscle spasms, tenderness to palpation of the spinous process, and full range of motion with pain on extension. Medications included meloxicam and cyclobenzaprine. The treatment plan included cyclobenzaprine, the physician's recommendation for future consideration of injection therapy, and for the injured worker to follow-up in 3 weeks. The rationale was not indicated within the medical records provided. The Request for Authorization form was received on 06/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the lower extremities: 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): 303-305.

Decision rationale: The request for EMG of the lower extremities is not medically necessary. The injured worker had complaints of lower back pain aggravated by leaning back or bending forward. The California MTUS/ACOEM Guidelines state unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings, such as disc bulges, that are not the source of painful symptoms and do not warrant surgery. The physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with the consultant the selection of an imaging to define a potential cause. Electromyography, including H reflex test, may be useful to identify subtle, focal, neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. Electromyography is most suited for detection of disc protrusion. The guidelines state unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging. There is a lack of documentation indicative of objective findings that identify specific nerve compromise on a neuralgic examination. Furthermore, there is a lack of documentation the injured worker had complaints of neurological symptoms, or was diagnosed with neurologic deficits to warrant imaging. As such, the request is not medically necessary.

NCV of the lower extremities: 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): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS)

Decision rationale: The request for EMG of the lower extremities is not medically necessary. The injured worker had complaints of lower back pain aggravated by leaning back or bending forward. The California MTUS/ACOEM Guidelines state unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings, such as disc bulges, that are not the source of painful symptoms and do not warrant surgery. The physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with the consultant the selection of an imaging to define a potential cause. Electromyography, including H reflex test, may be useful to identify subtle,

focal, neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. Electromyography is most suited for detection of disc protrusion. The Official Disability Guidelines state nerve conduction studies are not recommended for low back conditions. NCS are not recommended for lower extremities and EMGs are recommended in some cases, so generally, they would not both be covered in a report for a low back condition. The guidelines state unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging. There is a lack of documentation indicative of objective findings that identify specific nerve compromise on a neuralgic examination. Furthermore, there is a lack of documentation the injured worker had complaints of neurological symptoms, or was diagnosed with neurologic deficits to warrant imaging. As such, the request is not medically necessary.