

<b>Case Number:</b>	CM14-0166967		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	07/11/2011
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 & Rehabilitation, has a subspecialty in Pain 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 patient with a date of injury of 7/11/11. A utilization review determination dated 9/10/14 recommends non-certification of EMG lower extremities, MRI lumbar spine, and sleep study consultation. 8/27/14 medical report identifies low back pain. The patient grabbed his young daughter one day prior and started to have sharp shooting tingling from the low back to the right leg and toes. On exam, there is diminished sensation in the right "mid-anterior thigh," "mid-lateral calf," and lateral ankle.

### 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 Page(s): 303.

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

**Decision rationale:** Regarding the request for EMG of the lower extremities, CA MTUS and ACOEM state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. Within the documentation available for review, the patient complained of tingling from the low back into

the foot and toes one day prior to the most recent exam, with some decreased sensation noted on exam. As this occurred one day prior to the most recent exam and there are no red flags noted or another rationale for the testing prior to initial conservative management for 3-4 weeks as recommended by the guidelines, there is no clear indication for the testing. In the absence of such documentation, but currently requested EMG of the lower extremities is not medically necessary.

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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

**Decision rationale:** Regarding the request for lumbar MRI, CA MTUS and ACOEM state that 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 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. Within the documentation available for review, the patient complained of tingling from the low back into the foot and toes one day prior to the most recent exam, with some decreased sensation noted on exam. As this occurred one day prior to the most recent exam and there are no red flags noted or another rationale for the testing prior to initial conservative management as recommended by the guidelines, there is no clear indication for the testing. In the absence of clarity regarding those issues, the currently requested lumbar MRI is not medically necessary.

**Sleep Study Consultation:** 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Polysomnography

**Decision rationale:** Regarding the request for sleep study consultation, California MTUS guidelines are silent. ODG states Polysomnograms/sleep studies are recommended for the combination of indications listed below: Excessive daytime somnolence, Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy), Morning headache (other causes have been ruled out), Intellectual deterioration (sudden, without suspicion of organic dementia), Personality change (not secondary to medication, cerebral mass or known psychiatric problems), Sleep-related breathing disorder or periodic limb movement disorder is suspected, Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and

psychiatric etiology has been excluded. Within the documentation available for review, none of the criteria above have been identified and no other clear rationale for the study has been presented. In the absence of such documentation, the currently requested sleep study consultation is not medically necessary.