

<b>Case Number:</b>	CM14-0169103		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	11/11/2010
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Physical Medicine and 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 11/11/10. A utilization review determination dated 10/7/14 recommends non-certification of EMG/NCV BLE and lumbar spine x-rays. Follow-up with neurology was certified. Multiple prior lumbar imaging studies are noted. 9/22/14 medical report identifies persistent low back pain 10/10. On exam, there is tenderness and limited ROM. Patient ambulates with a cane. Recommendations include follow-up with another provider, meds, HEP, x-rays, and an illegible entry that appears to reference electrodiagnostic testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 08/22/14)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies

**Decision rationale:** Regarding the request for EMG/NCV of the bilateral 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. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, there are no current subjective or objective findings suggestive of radiculopathy and/or peripheral neuropathy. In the absence of such documentation, the currently requested EMG/NCV of the bilateral lower extremities is not medically necessary.

**Lumbar spine A/P lateral x-rays:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 08/22/14)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Radiography (X-rays)

**Decision rationale:** Regarding request for lumbar spine x-rays, CA MTUS and ACOEM state that x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology even if the pain has persisted for at least 6 weeks. ODG notes that routine x-rays are not recommended in the absence of red flags. Imaging is indicated only if patients have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions. Within the documentation available for review, there patient has a longstanding injury and there is noted to be a history of multiple imaging studies. There is no indication of recent trauma or any other red flags, and there is no documentation of progressive symptoms/findings. There is also no indication of any significant neurological dysfunction or another clear rationale for additional imaging. In the absence of clarity regarding those issues, the currently requested lumbar spine x-rays are not medically necessary.