

<b>Case Number:</b>	CM14-0031103		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/26/2013
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 61 year old female who sustained an injury to her low back on 03/26/13. Mechanism of injury was not documented. MRI of the lumbar spine revealed a 4 millimeter broad based disc bulge at L4-5 without significant central canal narrowing and with mild bilateral neural foraminal narrowing; 3 millimeter broad based disc bulge at L5-S1 without significant central canal narrowing and with mild bilateral neural foraminal narrowing; 2 millimeter broad based disc bulges at L2-3 and L3-4 without significant central canal or neural foraminal narrowing; loss of normal lumbar lordosis that may have been secondary to patient positioning or indication of muscle spasms. Physical examination of the lumbar spine noted flexion 90 degrees, extension 5 degrees with pain, bilateral rotation 25 degrees, bilateral lateral rotation 20 degrees in all motions with pain; Kemp test positive bilaterally without radiation; Trendelenburg negative; heel toe standing negative; hypo lumbar lordosis due to muscle spasm; Faber test negative; straight leg raise negative bilaterally; Ely test positive right the injured worker was diagnosed with discogenic spondylosis from T12 through L5, most severe at L2-3. The request for neurological consultation for the lumbar spine was not medically necessary. The previous request was denied on the basis that there was no evidence of lower extremities radicular symptoms or positive neurological findings that would indicate the presence of neurological injury. In the absence of more compelling subjective complaints and objective findings, the medical necessity for this referral had not been met. Given the given this, medical necessity of the request for neurological consultation for the lumbar spine was not indicated as medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG Lower Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, EMGs (electromyography).

**Decision rationale:** The request for EMG/NCV of the bilateral lower extremities is not medically necessary. The previous requests were denied on the basis that the records provided did not include any evidence of lower extremities radicular symptoms or positive examination findings indicating the presence of neurological injury. In the absence of examination findings that were more compelling, the medical necessity for EMG testing did not meet medical necessity; therefore, the requests were not deemed as medically appropriate. After reviewing the submitted clinical documentation provided, there was no additional significant objective information provided that would support overturning the previous adverse determination. Given this, medical necessity of the request for EMG/NCV of the bilateral lower extremities is not indicated as medically necessary.

**NCV Lower Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Nerve conduction studies (NCS).

**Decision rationale:** The request for EMG/NCV of the bilateral lower extremities is not medically necessary. The previous requests were denied on the basis that the records provided did not include any evidence of lower extremities radicular symptoms or positive examination findings indicating the presence of neurological injury. In the absence of examination findings that were more compelling, the medical necessity for EMG testing did not meet medical necessity; therefore, the requests were not deemed as medically appropriate. After reviewing the submitted clinical documentation provided, there was no additional significant objective information provided that would support overturning the previous adverse determination. Given this, medical necessity of the request for EMG/NCV of the bilateral lower extremities is not indicated as medically necessary.

**Neurology Consultation for lumbar spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Office visits.

**Decision rationale:** The request for neurology consultation for the lumbar spine is not medically necessary. The ODG states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. Given that there were no significant neurological deficits identified on physical examination and the concurrent requests for EMG/NCV of the bilateral lower extremities was non-certified, medical necessity of the request for neurology consultation for the lumbar spine is not indicated as medically necessary.