

<b>Case Number:</b>	CM14-0034998		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	03/09/2010
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 Texas and Oklahoma. 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 50-year-old male who reported an injury on 03/09/2006 reportedly while locking a wheelchair down to the floor of the bus sustained injury to his lower back. He complained of a burning sensation to the lower back. The injured worker's treatment history included medication, MRI, EMG/NCV, epidural steroid injections, and a urine screen. The injured worker was evaluated on 06/20/2014, and it was documented that the injured worker complained of lower back pain that is slowly getting worse. The provider documented the injured worker was not depressed, but the Beck Hopelessness Scale 0-3 was minimal. Physical examination of the lower back revealed antalgic gait, numbness remained in the legs and feet, and he used a cane. Medications included Norco 10/325 mg, testosterone 100 mg/ml suspension, lidocaine 5% patch, ibuprofen 800 mg, and Neurontin 100 mg. Diagnoses included degenerative disease, lumbar, degenerative joint disease, neuropathy, cauda equina compression, and hypogonadism male. The Request for Authorization dated 01/17/2014 was for pain management consultation and EMG of the bilateral lower extremities and NCV of the bilateral lower extremities. However, the rationale was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management Consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 92. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, Independent Medical Examinations and Consultations or Referrals, Chapter 7, page 127.

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

**Decision rationale:** Per the Official Disability Guidelines (ODG), office visits are recommended based on patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documents submitted did not have the injured worker's VAS scale measurement while on pain medications. The documents submitted lacked evidence of the injured worker's conservative care such as physical therapy, pain medication management, and home exercise regimen. In addition, the request lacked the rationale why the injured worker needs to have a pain management consultation. Therefore, the request for pain management consultation is non-certified.

**EMG of the Bilateral Lower Extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 62, 303. Decision based on Non-MTUS Citation Official Disability Guidelines/Low Back.

**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 Chapter, EMG.

**Decision rationale:** CA MTUS/ACOEM do not recommend electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 weeks or 4 weeks. The Official Disability Guidelines recommend electromyography as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1 month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. It was documented on 06/20/2014 the injured worker complains of low back pain. The diagnoses included degenerative disc disease, lumbar, degenerative joint disease, neuropathy, cauda equine compression, and hypogonadism. The documents submitted lacked evidence of conservative care such as prior physical therapy sessions, medication pain management, and home exercise regimen outcome. In addition, the injured worker has no documented evidence, per the physical examination done on 06/20/2014, indicating nerve root dysfunction. Given the above, the request for electromyography (EMG) bilateral lower extremity is non-certified.

**NCV of the Bilateral Lower Extremities:** 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, Nerve conduction studies (NCS).

**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.

**Decision rationale:** The Official Disability Guidelines do not recommend NCV studies as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This systematic review and meta analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. It was documented on 06/20/2014 the injured worker complains of low back pain. The diagnoses included degenerative disc disease, lumbar, degenerative joint disease, neuropathy, cauda equine compression, and hypogonadism. The documents submitted lacked evidence of conservative care such as prior physical therapy sessions, medication pain management, and home exercise regimen outcome. Given the above, the request for nerve conduction study (NCS) bilateral lower extremity is non-certified.