

<b>Case Number:</b>	CM14-0038275		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	05/05/2011
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Interventional Spine 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 patient is a 61 year-old female with a 5/5/2011 date of injury. According to the 2/18/14 pain management report from [REDACTED], the patient presents with new pain at the dorsal foot with numbness. There was some concern for possible myopathy with atrophy of paraspinals. The diagnoses included advanced DJD bilateral knee; post L4/5 microdiscectomy; progressive scoliosis. The plan was for EMG/NCV including paraspinals, consult with neurologist, thermacare topical heat pads. On 2/26/14 UR denied the EMG/NCV studies with paraspinals and the thermacare topical heat pads.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG) with Paraspinals:** Overturned

**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.

**Decision rationale:** The patient is a 61 year-old female with a 5/5/2011 date of injury. According to the 2/18/14 pain management report from [REDACTED], the patient presents

with new pain at the dorsal foot with numbness. There was some concern for possible myopathy with atrophy of paraspinals. The diagnoses included advanced DJD bilateral knee; post L4/5 microdiscectomy; progressive scoliosis. The request presented to IMR is for: EMG with paraspinals. MTUS/ACOEM guidelines state "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." The numbness in the patient's foot is new, but the back pain has been present longer than 3-4 weeks. The request for the EMG with paraspinals is in accordance with MTUS/ACOEM guidelines therefore electromyography (EMG) with paraspinals is medically necessary.

**Nerve Conduction Study (NCS) with Paraspinals: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

**Decision rationale:** The patient is a 61 year-old female with a 5/5/2011 date of injury. According to the 2/18/14 pain management report from [REDACTED], the patient presents with new pain at the dorsal foot with numbness. There was some concern for possible myopathy with atrophy of paraspinals. The diagnoses included advanced DJD bilateral knee; post L4/5 microdiscectomy; progressive scoliosis. The request presented to IMR is for: NCS with paraspinals. MTUS/ACOEM guidelines state "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." The H-reflex is a normal part of the nerve conduction study. The numbness in the patient's foot is new, but the back pain has been present longer than 3-4 weeks. The request for the NCS with paraspinals is in accordance with MTUS/ACOEM guidelines therefore Nerve conduction study (NCS) with paraspinals is medically necessary.

**Thermacare Topical heat pads: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter online for heat therapy.

**Decision rationale:** The patient is a 61 year-old female with a 5/5/2011 date of injury. According to the 2/18/14 pain management report from [REDACTED], the patient presents with new pain at the dorsal foot with numbness. There was some concern for possible myopathy with atrophy of paraspinals. The diagnoses included advanced DJD bilateral knee; post L4/5 microdiscectomy; progressive scoliosis. The request presented to IMR is for: Thermacare topical heat pads. MTUS/ACOEM guidelines do not provide guidelines on these heat pads, but do state that at home applications of heat or cold are effective as those performed by therapists. ODG guidelines were consulted. ODG states heat therapy for the lower back is recommended as an option, and that "A number of studies show continuous low-level heat wrap therapy to be effective for treating low back pain" The use of the Thermacare topical heat pads appears to be in accordance with ODG guidelines therefore Thermacare topical heat pads are medically

necessary.