

<b>Case Number:</b>	CM14-0049189		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	06/25/2009
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 Neurology and is licensed to practice in Texas, Ohio, and Massachusetts. 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 29-year-old female who reported an injury on 02/01/2008. The mechanism of injury was not stated. Current diagnoses include radiculitis/neuritis, thoracic sprain/strain, and lumbago. The injured worker was evaluated on 03/15/2014 with complaints of pain and numbness in the upper and lower extremities. Physical examination revealed stiffness and spasm in the lumbar spine with negative straight leg raising. Treatment recommendations at that time included a CT scan of the lumbar spine, a pain management consultation, and a psychiatric consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG) bilateral lower extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, Electrodiagnostic Studies.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state electromyography may be useful to identify subtle, focal neurological dysfunction in patients with low back

symptoms lasting more than 3 or 4 weeks. The Official Disability Guidelines state electromyography may be useful to obtain unequivocal evidence of radiculopathy after 1 month of conservative therapy. Nerve conduction studies are not recommended. As per the documentation submitted, the injured worker's physical examination revealed negative straight leg raising with stiffness and spasm in the lumbar spine. There was no documentation of a significant musculoskeletal or neurological deficit. The medical necessity has not been established. There is also no mention of an attempt at any conservative treatment. Based on the clinical information received, the request is not medically necessary.

**Nerve conduction velocity (NCV) bilateral lower extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, Electrodiagnostic Studies.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state electromyography may be useful to identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. The Official Disability Guidelines state electromyography may be useful to obtain unequivocal evidence of radiculopathy after 1 month of conservative therapy. Nerve conduction studies are not recommended. As per the documentation submitted, the injured worker's physical examination revealed negative straight leg raising with stiffness and spasm in the lumbar spine. There was no documentation of a significant musculoskeletal or neurological deficit. The medical necessity has not been established. There is also no mention of an attempt at any conservative treatment. Based on the clinical information received, the request is not medically necessary.

**CT scan of lumbar spine:** 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, Indications for imaging.

**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, Electrodiagnostic Studies.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test. As per the documentation provided, the injured worker's physical examination only revealed stiffness and spasm in the lumbar area. There was no documentation of a significant musculoskeletal or

neurological deficit. There was also no mention of an attempt at conservative treatment. Based on the clinical information received, the request is not medically necessary.

**Psych consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 89-92.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, there was no comprehensive psychological examination provided for this review. The medical necessity for the requested consultation has not been established. As such, the request is not medically necessary.

**Pain management consult for possible trial spinal cord stimulator:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 89-92.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the injured worker does not demonstrate a significant musculoskeletal or neurological deficit upon physical examination. There was no mention of an exhaustion of conservative treatment prior the request for a pain management consultation. Based on the clinical information received, the request is not medically necessary.