

<b>Case Number:</b>	CM14-0056561		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	01/30/2009
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Occupational 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 33-year-old male with a 1/30/09 date of injury. The mechanism of injury was when he was stepping on a forklift, he lost his balance and twisted his back, he was able to hold on and stop his fall. According to a 3/19/14 progress report, the patient complained of headaches, chronic back pain, pain in the shoulders, tingling of both upper extremities, upper back pain, lower back pain, pain radiating to both legs in front and in the back, knee pain, and lower extremity tingling and intermittent numbness. Objective findings: tenderness to palpation of paracervical muscle extending to supraspinatus and trapezium bilaterally, painful ROM of lumbar area, sensation decreased in right lower extremity and motor power is 4/5 bilaterally, tenderness along the medial joint line of knee. Diagnostic impression: chronic cervical spine sprain/strain with radicular symptoms, sprain/strain trapezium, musculoligamentous low back pain with radiculitis and positive MRI, internal derangement of the left knee, chronic headache, chronic gastritis. Treatment to date: medication management, activity modification, acupuncture, physical therapy, chiropractic treatment. A UR decision dated 4/1/14 denied the requests for NCS of left lower extremity and NCS of right lower extremity. The patient complained of radiating pain in the bilateral upper and lower extremities; however, no EMG was submitted for review. Also, no documentation was submitted for review indicating the patient's failed conservative treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nerve Conduction Studies (NCS) of the Left Lower Extremity: 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).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,Chronic Pain Treatment Guidelines Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter EMG/NCV.

**Decision rationale:** CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. It is noted that the patient had a MRI of the lumbar spine and a nerve conduction study in 2009. The report from 3/19/14 stated that the patient had positive MRI findings for radiculitis, however the MRI report was not provided for review. Guidelines do not support NCS when the patient already has a diagnosis of radiculopathy. In addition, there was no documentation that the patient has failed conservative therapy. Therefore, the request for Nerve Conduction Studies (NCS) of the left lower extremity is not medically necessary.

**Nerve Conduction Studies (NCS) of the Right Lower Extremity:** 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).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,Chronic Pain Treatment Guidelines Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter EMG/NCV.

**Decision rationale:** CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states stat EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. It is noted that the patient had a MRI of the lumbar spine and a nerve conduction study in 2009. The report from 3/19/14 stated that the patient had positive MRI findings for radiculitis, however the MRI report was not provided for review. Guidelines do not support NCS when the patient already has a diagnosis of radiculopathy. In addition, there was no documentation that the patient has failed conservative therapy. Therefore, the request for Nerve Conduction Studies (NCS) of the right lower extremity is not medically necessary.