

<b>Case Number:</b>	CM14-0067772		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	03/08/2012
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/25/2014
<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 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:

The patient is a 37-year-old male who has submitted a claim for lumbar radiculopathy secondary to L4-5 and L5-S1 protrusion associated with an industrial injury date of 03/08/2012. Medical records from 09/27/2012 to 06/13/2014 were reviewed and showed that patient complained of low back pain graded 6/19 with radiation down the right lower extremity. Physical examination revealed tenderness over the lumbar paraspinal muscles. There was decreased lumbar spine ROM noted. SLR test was positive for the right leg at 35 degrees. MRI of the lumbar spine dated 2012 revealed L4-5 and L5-S1 disc protrusion. EMG/NCV study of bilateral lower extremities dated 03/14/2014 revealed right L5 and S1 radiculopathy. Treatment to date has included physical therapy, HEP, stretching, heat and cold application, activity modification, and pain medications. Utilization review dated 03/25/2014 denied the request for 1 single positional MRI of the lumbar spine because recent records do not indicate findings or symptoms that necessitate a repeat MRI of the lumbar spine. Utilization review dated 03/25/2014 denied the request for EMG/NCV study of the upper/lower extremities because there was no indication of radiculopathy involving the upper extremities. Utilization review dated 03/25/2014 denied the request for 12 visits of physical therapy because the patient had prior physical therapy attempts without significant result.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Single Positional MRI of the Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Chapter Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Magnetic resonance imaging (MRI).

**Decision rationale:** CA MTUS ACOEM Practice guidelines state that imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. In this case, physical findings did not provide evidence of specific nerve compromise or progressive neurological deficit. A four-point diminution in pain scale was documented (05/13/2014). Moreover, MRI of the lumbar spine dated 2012 already revealed L4-5 and L5-S1 disc protrusion. The medical necessity for a repeat lumbar spine MRI has not been established. Therefore, the request for 1 Single Positional MRI of the Lumbar Spine is not medically necessary.

### **1 Electromyography (EMG) of the Bilateral Upper/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), Neck and Upper Back (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

**Decision rationale:** According to page 238 of the CA MTUS ACOEM Practice Guidelines, EMG is recommended if cervical radiculopathy is suspected as a cause of lateral arm pain or if severe nerve entrapment is suspected on the basis of physical examination and denervation atrophy is likely. Moreover, guidelines do not recommend EMG before conservative treatment. According to page 303 of CA MTUS ACOEM Low Back Chapter, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In this case, physical examination did not reveal findings consistent with a focal neurologic deficit. Moreover, objective findings in the upper extremities were not made available. EMG/NCV study of bilateral lower extremities dated 03/14/2014 has already revealed right L5 and S1 radiculopathy. The medical necessity has not been established. Therefore, the request for 1 Electromyography (EMG) of the Bilateral Upper/Lower Extremities is not medically necessary.

### **Nerve Conduction Studies (NCS) of the Bilateral Upper/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), Neck and Upper Back (Acute & Chronic).

**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) Other Medical Treatment Guideline or Medical Evidence:Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81.

**Decision rationale:** The CA MTUS does not address NCS specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Nerve Conduction Studies (NCS) was used instead. The Official Disability Guidelines state that there is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. A published study entitled, "Nerve Conduction Studies in Polyneuropathy", cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, EMG/NCV study of bilateral lower extremities dated 03/14/2014 has already revealed right L5 and S1 radiculopathy. Physical examination findings did not reveal evidences of peripheral nerve compression. Objective findings of the upper extremities were not made available. The medical necessity has not been established. Therefore, the request for Nerve Conduction Studies (NCS) of the Bilateral Upper/Lower Extremities is not medically necessary.

## **12 Physical Therapy Visits of the Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. In this case, the patient completed at least 11 visits of physical therapy. It is unclear as to why the patient cannot self-transition to HEP. Therefore, the request for 12 Physical Therapy Visits of the Lumbar Spine is not medically necessary.