

<b>Case Number:</b>	CM14-0081479		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	11/30/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 22-year-old male who suffered a crush injury on 11/30/2013. Current diagnoses include crush injury to the right hand, crush injury to the pelvis, chronic lumbar sprain, right carpal tunnel syndrome, continued right hand numbness, and gastrointestinal symptoms. The latest Physician's Progress Report submitted for this review is documented on 05/08/2014. The injured worker presented with complaints of persistent pain in the lumbar spine and right wrist. Physical examination revealed limited lumbar range of motion, tenderness to palpation, hypertonicity in the paraspinal muscles, positive Kemp's testing, 1+ deep tendon reflexes, and tenderness at the right hip area. Treatment recommendations included an MRI, physical therapy, electrodiagnostic studies, and topical analgesics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG (Electromyography) study of the left lower extremity:** Upheld

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

**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:** California MTUS/ACOEM Practice Guidelines state electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. 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. There was no documentation of a significant musculoskeletal or neurological deficit with regard to the bilateral lower extremities. There is also no mention of an attempt at any conservative treatment for the lumbar spine prior to the request for an electrodiagnostic study. As the medical necessity has not been established, the request is not medically necessary.

**EMG (Electromyography) study of the right lower extremity:** Upheld

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

**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:** California MTUS/ACOEM Practice Guidelines state electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. 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. There was no documentation of a significant musculoskeletal or neurological deficit with regard to the bilateral lower extremities. There is also no mention of an attempt at any conservative treatment for the lumbar spine prior to the request for an electrodiagnostic study. As the medical necessity has not been established, the request is not medically necessary.

**NCS (Nerve Conduction Study) of the left lower extremity:** Upheld

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

**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:** California MTUS/ACOEM Practice Guidelines state electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. 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. There was no documentation of a significant

musculoskeletal or neurological deficit with regard to the bilateral lower extremities. There is also no mention of an attempt at any conservative treatment for the lumbar spine prior to the request for an electrodiagnostic study. As the medical necessity has not been established, the request is not medically necessary.

**NCS (Nerve Conduction Study) of the right lower extremity: Upheld**

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

**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:** California MTUS/ACOEM Practice Guidelines state electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. 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. There was no documentation of a significant musculoskeletal or neurological deficit with regard to the bilateral lower extremities. There is also no mention of an attempt at any conservative treatment for the lumbar spine prior to the request for an electrodiagnostic study. As the medical necessity has not been established, the request is not medically necessary.

**CT (Computed Tomography) scan of the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** California MTUS/ACOEM practice Guideline 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 submitted, the injured worker is pending authorization for an MRI of the lumbar spine. The medical necessity for a CT scan has not been established. There is no mention of an attempt at any conservative treatment prior to the request for an imaging study. Based on the clinical information received, the request is not medically necessary.