

<b>Case Number:</b>	CM13-0035287		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	06/01/2011
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 40-year-old man who sustained a work-related injury on June 1, 2011. Subsequently, he developed chronic low back pain. MRI of the lumbar spine dated April 11, 2013 showed discogenic and degenerative changes. The spinal canal was small. L4-5: 2-3 mm posterior disc bulge with corresponding indentation on the subarachnoid space and mild spinal stenosis. At L5-S1: 1-2 mm posterior disc bulge and/or postsurgical changes with the left side greater than the right and there was corresponding indentation mainly on the epidural fat. L3-4: there was a 1-2 mm posterior disc bulge with corresponding indentation on the subarachnoid space and mild spinal stenosis. L2-3: 1-2 mm posterior disc bulge with the left side greater than the right and there was a corresponding indentation on the subarachnoid space. Narrowing of the spina foramina. In general, the exiting nerve roots appeared not to be compressed or displaced. At L5-S1 the exiting left L5 nerve root was not well seen and was potentially involved. EMG/NCV of the lower extremities performed on October 28, 2013 revealed findings indicative of left L4, L5, and S1 radiculopathy. The NCV findings were indicative of polyneuropathy. On December 14, 2013, the patient received a second lumbar epidural steroid injection at left L5-S1. He reported improvement of his pain by 50% for 2 days, but then his symptoms recurred. According to the progress report dated December 23, 2013, the patient complained of low back pain that he rated as a 7/10 without medications and as a 5-6/10 with medications. The pain was associated with radiating pain and numbness to both lower extremities, more on the left side. Examination of the lumbar spine revealed moderate tenderness and spasm palpable over bilateral paralumbar muscles. The straight leg raise test was positive on the left side, causing lower back pain radiating to left posterior thigh upon 45 degrees of left leg raising. The Braggard's test was also positive on the left side. There was decreased lumbar range of motion in all planes due to end range back pain. Sensory examination revealed decreased sensation of the left L4, and left

S1 dermatomes, including two joint discrimination, light touch and pain sensations. Motor examination revealed reduced motor strength to 4/5 of the left quadriceps, left extensor hallucis longus and left plantar flexors. Deep tendon reflexes were equal and symmetrical in bilateral upper and lower extremities. The patient was diagnosed with lumbar disc displacement with radiculopathy, lumbar radiculopathy, lumbar spinal stenosis, and lumbar spine sprain/strain. The provider requested authorization for Electromyography (EMG) of the lower extremities and Chiropractic/physical therapy sessions.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Electromyography (EMG) of the lower extremities:** Upheld

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

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

**Decision rationale:** According to MTUS guidelines (MTUS page 303 from ACOEM guidelines), <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>. EMG has excellent ability to identify abnormalities related to disc protrusion (MTUS page 304 from ACOEM guidelines). According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. < When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks> (page 178). EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is useful to identify physiological insult and anatomical defect in case of neck pain (page 179). The patient has already an electrodiagnostic study performed on 2013 and demonstrating lumbar radiculopathy. There is no clear documentation of change in the neurological patient status requiring another EMG. Therefore, the request for EMG of bilateral lower extremities is not medically necessary.

**Chiropractic/physical therapy sessions (2-3x/week for six weeks):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

**Decision rationale:** According to MTUS guidelines, Manual therapy & manipulation < Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is

widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care - Not medically necessary. Recurrences/flare-ups - Need to reevaluate.>Based on the patient's records, there is no functional deficits documented that could not be addressed with home exercise program. Therefore, the request for Chiropractic/physical therapy sessions is not medically necessary.