

<b>Case Number:</b>	CM14-0101377		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	05/22/2012
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### 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 Family 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 worker is a 59 year old female who was injured on 5/22/2012. She was diagnosed with lumbar strain/sprain, lumbar disc herniation, and right shoulder rotator cuff syndrome. She had a history of low back surgery previous to the injury. Lumbar MRI from 5/21/13 showed spinal stenosis and neuroforaminal narrowing, and nerve testing from 5/31/13 was suggestive of S1 radiculopathy. She was treated with medications. On 6/9/14, the worker was seen by her primary treating physician reporting right arm pain with movement rated 5/10 on the pain scale, left ankle pain with walking rated 4/10 on the pain scale, and right shoulder pain rated 5/10 on the pain scale. Physical findings included tenderness to the cervical spine with positive left Spurling's test, hypoesthesia to the left C7 dermatome, tenderness to the lumbar area with spasms and restricted range of motion, and hypoesthesia to the right L3, L4, and L5 dermatomes. She was then requested an MRI of the cervical spine and lumbar spine, EMG/NCV testing for the upper and lower extremities, chiropractor treatments, and topical analgesics. She was also requested to return for a follow-up 4 weeks later for an unknown reason.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG (Electromyography) of Lower Extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

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

**Decision rationale:** The MTUS ACOEM Guidelines state that for lower back complaints, nerve testing may be considered when the neurological examination is less clear for symptoms that last more than 3-4 weeks with conservative therapy. In the case of this worker, there was clear evidence of lumbar radiculopathy from previous testing as well as recent physical examination. It is not clear from the documentation as to why the nerve testing was requested considering it was apparently not required to make the diagnosis. Therefore, the EMG and NCV testing of the lower extremities are not medically necessary and would not contribute significantly to the outcome with this worker.

**NCV (Nerve Conduction Velocity) of Lower Extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

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

**Decision rationale:** The MTUS ACOEM Guidelines state that for lower back complaints, nerve testing may be considered when the neurological examination is less clear for symptoms that last more than 3-4 weeks with conservative therapy. In the case of this worker, there was clear evidence of lumbar radiculopathy from previous testing as well as recent physical examination. It is not clear from the documentation as to why the nerve testing was requested considering it was apparently not required to make the diagnosis. Therefore, the EMG and NCV testing of the lower extremities are not medically necessary and would not contribute significantly to the outcome with this worker.

**Follow up in 4 weeks:** Upheld

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

**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 section, Office visits

**Decision rationale:** The MTUS Guidelines are silent on office visits with a physician. The ODG, however, states that they are recommended as determined to be medically necessary, and clearly should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs, and symptoms, clinical stability, and reasonable physician judgment. A set number of visits cannot be reasonable established, however, the clinician should be mindful of the fact that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. In the case of this worker, her primary treating physician requested

MRI and nerve testing at her appointment on 6/9/14 along with prescriptions for topical compounded analgesics (no oral medications) and then was requested to follow-up 4 weeks later for an unknown reason (not included in the progress note). If the reason for the follow-up being so close was for medication monitoring, this seems inappropriate considering the only documented medications prescribed by the primary treating physician were topical analgesics and no medication list was provided. If the reason was to discuss the results of the nerve testing and MRI results, the medical necessity of these tests could be debated, and in the opinion of the reviewer, the MRI and nerve tests are all not medically necessary based on the evidence found in the documents provided for review, and therefore, a close follow-up would not be medically necessary. Also, there was no evidence showing a new treatment or procedure which required a close follow-up. Therefore, the 4 week follow-up office visit is not medically necessary.