

<b>Case Number:</b>	CM14-0186984		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	07/18/2013
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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 30 year old female with an injury date of 07/18/13. Based on the 09/17/14 progress report, the patient complains of lower back pain that radiates to the lower extremities. The pain is aggravated by lifting, bending, and performing activities of daily living. Physical examination reveals tenderness in the lumbosacral junction, bilateral flank region, bilateral sacroiliac joints, and buttocks. There is a decrease in lumbar range of motion with flexion at 40 degrees and extension, right lateral bending, and left lateral bending at 10 degrees. Physical examination of the lower extremities reveals tenderness in the direction of the sciatic nerves down to the calves. Straight leg raise is positive on the right to 60 degrees and on the left to 40 degrees. As per progress report dated 04/17/14, the patient was diagnosed with L5-S1 left foraminal disc herniation with radiculitis. The patient complained of mild pain that is intermittent. In the same progress report, the provider states, "Patient is considered to have reached maximum medical improvement and is considered permanent and stationary today." This report stated that the patient did not have any difficulties in activities of daily living. The patient received physical therapy but did not benefit from it, as per progress report dated 09/17/14. She also received aqua therapy as per the same report. Her medications include Metformin, Victoza, and Atorvastatin. The patient can continue to work her regular work duties, as per progress report dated 09/17/14. X-ray of the lumbar spine, 09/17/14, as per progress report dated 09/17/14 revealed slight narrowing at L5/S1. MRI of the lumbar spine, 08/24/13, as per progress report dated 09/17/14 revealed degenerative spondylosis at L5/S1 with a paramedian and left foraminal disc protrusion at L5/S1. The diagnosis on 09/17/14 included lumbar radiculopathy; degenerative spondylosis at L5/S1; and left paramedian disc protrusion at L5/S1. The provider is requesting for EMG/NCS of bilateral lower extremities and weight loss. The

utilization review determination being challenged is dated 10/13/14. Treatment reports were provided from 04/17/14 - 10/29/14.

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

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

#### **EMG/NCS of the Bilateral Lower Extremities: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 303, 260-262.

**Decision rationale:** The patient presents with low back pain that radiates to the lower extremities, as per progress report dated 09/17/14. The request is for EMG/NCS of the bilateral lower extremities. For EMG, ACOEM Guidelines page 303 states, "Electromyography, including H-reflex tests, 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 under foot/ankle chapter does not discuss electrodiagnostics. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states, "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." In this case, review of the records shows that the patient has not received electrodiagnostic studies in the past. She complains of lower back pain that radiates to the lower extremities. Physical examination of the lower extremities reveals tenderness in the direction of the sciatic nerves down to the calves. The patient has had an MRI but a clear diagnosis of radiculopathy is not presented. Given the patient's diffuse radicular symptoms into both legs, a set of EMG/NCV studies appear reasonable based on the guidelines. Therefore, this request is medically necessary.

#### **Weight loss: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46, 47.

**Decision rationale:** The patient presents with low back pain that radiates to the lower extremities. The patient is five feet, six inches tall and weighs 308 pounds, as per progress report dated 09/17/14. The request is for weight loss. MTUS Guidelines page 46 and 47 recommends exercise, but states that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. There are no discussions regarding

weight loss programs in other guidelines such as Official Disability Guidelines or ACOEM. However, Aetna Guidelines allow "up to a combined limit of 26 individual or group visits by any recognized provider for a 12-month period." Physician monitored programs are supported for those with BMI greater than 30, but excludes [REDACTED], [REDACTED], [REDACTED], [REDACTED], or similar programs. In this case, the provider states that the patient requires surgical intervention but "she must first lose weight." The provider also recommends the patient to lose "significant amount of weight" to receive epidural and trigger point injections. The patient is diabetic and the provider hopes weight loss will help manage the condition before invasive therapies. However, the progress reports do not define the weight loss goals nor do they reveal any steps taken by the patient to achieve those goals. The request is not specific and it is not known if this is a physician-based program. Therefore, this request is not medically necessary.