

<b>Case Number:</b>	CM14-0199446		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	03/01/2014
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/28/2014

### 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 Rehab, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 female with a work injury dated 3/1/14. The diagnoses include lumbar spine dextroscoliosis, lumbar spine muscle spasms, and degenerative disc disease lumbar spine. Under consideration are requests for Computerized Muscle Testing (CMT) with Therapeutic Exercises to the lumbar spine (to include myofascial release, EMS, and ultrasound and EMG/NCV of the bilateral lower extremities (to include H-reflex testing). The MRI of her lumbar spine taken on 3/28/14 revealed Dextroscoliosis with minimal degenerative disc changes at L 1-2 and L2-3" a "Ieiomyomatous uterus" and a "left ovarian cyst constant lower back pain which commenced after her injury on 3/1/14. There is a 10/9/14 report that states that the patient has low back pain radiating into her left leg and numbness/tingling down her right leg. She regards this complaint as moderate to severe and rated the pain as a 7 on a scale of 0 to 10 with 10 being the worst. Patient started feeling these symptoms after the date of accident 03/1/2014 The pain is explained as sharp and stabbing occurring most often in the afternoon during the night and after moderate physical activities and is radiating into the left buttock, left calf, left hip and left toes. She states that she experiences numbness and tingling down her right lower extremity especially in the bottom of her right foot. The pain is relieved by lying down and medication while bending, sneezing, lifting prolonged sitting. Prolonged standing and prolonged walking worsens the condition. She states that prolonged sitting and prolonged standing while at work aggravates her pain. Additional effects of this condition are increased sensitivity stiffness and tightness. She has right knee, left hip and left knee pain. On exam the patient had a limping gait. The patient had an antalgic lean to the right side due to pain on her left hip. There is decreased lumbar spine, hip, knee, ankle ranges of motion bilaterally. The reflexes were intact. There was decreased sensation in the L1-S1 dermatomes. The lumbar spine revealed tenderness and trigger points with a positive bilateral Kemp test. There was a positive bilateral straight leg

raise. There was a positive sacroiliac Hibb test and bilateral Yeoman's test. There was 5/5 strength testing of the BLE except for 4/5 hamstrings and foot extensors. There are requests for needle EMG and H reflex testing. Given the "normal MRI appearance of the lumbar spine" an NCV/EMG is indicated to rule out any peripheral neuropathy that may be causing this numbness and weakness down her left lower extremity. It is also indicated given the traumatic nature to her left lower extremity. There is also a request for Computerized Muscle Testing (CMT) with Therapeutic Exercises to the lumbar spine (to include myofascial release, EMS, and ultrasound).

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

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

**EMG/NCV of the bilateral lower extremities (to include H-reflex testing): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS 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-Nerve conduction studies (NCS)

**Decision rationale:** Per the MTUS ACOEM Guidelines. The guidelines state that 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. The documentation does not indicate subtle focal neurologic dysfunction. There is diffuse diminished sensation of the lower extremity on physical examination which is not consistent with a focal neurologic dysfunction. The patient describes radicular symptoms of which the ODG states there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The history and exam findings do not suggest plexopathy, peripheral polyneuropathy or focal nerve entrapment/compression dysfunction which would necessitate EMG/NCV testing of the bilateral lower extremities. Therefore, EMG/NCV of the bilateral lower extremities (to include H-reflex testing) is not medically necessary.

**Computerized Muscle Testing (CMT) with Therapeutic Exercises to the lumbar spine (to include myofascial release, EMS, and ultrasound): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 293-294.

**Decision rationale:** Computerized Muscle Testing (CMT) with Therapeutic Exercises to the lumbar spine (to include myofascial release, EMS, and ultrasound) is not medically necessary per the MTUS ACOEM guidelines. The ACOEM MTUS lists muscle strength testing as part of the routine exam.. The documentation is not clear on how range of motion testing will change the

treatment plan for this patient and why muscle testing cannot be performed as part of a routine history and physical exam. The request for Computerized Muscle Testing (CMT) with Therapeutic Exercises to the lumbar spine (to include myofascial release, EMS, and ultrasound) is not medically necessary.