

<b>Case Number:</b>	CM14-0208825		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	09/04/2014
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of December 4, 2014. In a Utilization Review Report dated December 1, 2014, the claims administrator approved Relafen, approved omeprazole, denied six sessions of acupuncture, partially approved a request for electrodiagnostic testing of the bilateral lower extremities as EMG testing of the bilateral lower extremities alone and denied a request for a consultation with a pain management specialist. The claims administrator stated that it was denying acupuncture on the grounds that there was no evidence of intolerance to medications. It was not clearly stated whether the applicant had or had not had prior acupuncture. The claims administrator employed non-MTUS ODG Guidelines to approve Relafen and Prilosec, despite the fact that the MTUS address the topic. A progress note of November 11, 2014 was referenced in the determination. The applicant's attorney subsequently appealed. In the IMR application dated December 12, 2014, the applicant's attorney stated that acupuncture, electrodiagnostic testing, and the pain management consultation were all being appealed. On said November 11, 2014 progress note, the applicant reported ongoing complaints of low back pain. The applicant had had eight sessions of physical therapy with only temporary benefit. The applicant was off of work, it was acknowledged. The applicant had developed issues with reflux. Persistent complaints of low back pain radiating into the left leg were appreciated. The applicant denied any significant past medical history. The applicant's endocrine review of systems was negative. The attending provider noted that the applicant had 4/5 left lower extremity strength on exam with symmetric reflexes evident. The applicant did

exhibit a normal gait. The attending provider alluded to the applicant's having had earlier lumbar MRI imaging of February 17, 2014 demonstrating 2- to 3-mm herniated disk at L4-L4 and L5-S1. Electrodiagnostic testing of left lower extremity and consultation with a pain management physician to determine the need for epidural steroid injection were endorsed. The applicant was kept off of work, on total temporary disability. The attending provider stated that he interpreted the lumbar MRI result as positive.

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

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

**EMG/NCV of the Lower Extremities:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 272, 309.

**Decision rationale:** As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, EMG testing is "not recommended" for applicants with a clinically obvious radiculopathy. Here, the requesting provider posited that earlier lumbar MRI imaging in 2014 was positive, demonstrating multilevel disk herniations which he posited were the source of the applicant's ongoing left lower extremity radicular complaints. This would, thus, seemingly obviate the need for electrodiagnostic testing. It is further noted that the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 notes that the routine usage of NCV or EMG testing in the evaluation of applicants without symptoms is deemed "not recommended." Here, the applicant's lower extremity radicular complaints are confined to the symptomatic left lower extremity. It is not clear why the attending provider sought authorization for electrodiagnostic testing of the asymptomatic right lower extremity in the face of the unfavorable ACOEM position on his own testing of asymptomatic body parts. Therefore, the request is not medically necessary.

**Consult with Pain Management Specialist (for possible lumbar Epidural Steroid Injections):** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

**Decision rationale:** As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. Here, the applicant is off of work, on total temporary disability. The applicant has ongoing low back pain and left lower extremity radicular complaints. Obtaining the added expertise of a physician specializing in chronic pain,

such as the pain management consultant, would be of benefit in determining the applicant's suitability for other potential treatments, such as possible epidural steroid injections. Therefore, the request is medically necessary.