MAXIMUS Federal Services

| Case Number: | CM14-0027132 | | |
|---|---|---|---|
| Date Assigned: | 06/13/2014 | Date of Injury: | 07/14/2013 |
| Decision Date: | 01/02/2015 | UR Denial Date: | 02/05/2014 |
| Priority: | Standard | Application Received: | 03/03/2014 |

## 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 Neurology 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 Injured Worker (IW) is a 36 year old male with a date of injury reported as 7/14/13. The reported mechanism of injury is described as back pain as a result of carrying out his duties as a laborer for his employer. The IW reports he was lifting several heavy objects per day and he experienced back pain as result of this repetition over a six year period. There are four examinations included in this review by his primary treating provider. The IW reports constant back pain and reports this as a 10 out of 10 on a pain scale. The IW is also not able to recall any of the medications he is taking. The examination is notable for bilateral paraspinal muscle tenderness and spasm in the thoracic and lumbar regions. The IW also demonstrates a positive straight leg raise on both the left and the right. The motor examination of the lower extremities is reported as normal in all myotomes. In addition, the sensory examination is reported as normal in all of the lower extremity dermatomes. The reflexes of the patellar and Achilles (ankle) are also reported as normal. The primary treating provider has recommend a referral to an occupational medicine physician for possible treatment with pain medications and for treatment utilizing electro-acupuncture. A previous request for an Electromyogram (EMG) and Nerve Conduction Studies of the bilateral lower extremities was determined to be not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**ELECTROMYOGRAM (EMG) OF THE LEFT LOWER EXTREMITY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM) PRACTICE GUIDELINES, CHAPTER 12: LOW BACK COMPLAINTS , 308-310.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 313.

**Decision rationale:** Per the recommendations outlined in the Algorithm for evaluating slow to recover patients with occupational low back complaints, in patients without Neurologic Symptoms of the lower extremities, it is not recommended to pursue an Electromyogram (EMG) and the inclusive Nerve Conduction Study. In this particular case, the IW demonstrated focal back pain in the paraspinal muscles of both the thoracic and lumbar spine. The lower extremity Neurological examination has always been reported as normal with no equivocal findings. As such, it is not medically necessary to obtain an EMG or Nerve conduction studies or the left or right lower extremity.

**ELECTROMYOGRAM (EMG) OF THE RIGHT LOWER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 313.

**Decision rationale:** Per the recommendations outlined in the Algorithm for evaluating slow to recover patients with occupational low back complaints, in patients without Neurologic Symptoms of the lower extremities, it is not recommended to pursue an Electromyogram (EMG) and the inclusive Nerve Conduction Study. In this particular case, the IW demonstrated focal back pain in the paraspinal muscles of both the thoracic and lumbar spine. The lower extremity Neurological examination has always been reported as normal with no equivocal findings. As such, it is not medically necessary to obtain an EMG or Nerve conduction studies or the left or right lower extremity.

**NERVE CONDUCTION VELOCITY (NCV) OF THE LEFT LOWER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 313.

**Decision rationale:** Per the recommendations outlined in the Algorithm for evaluating slow to recover patients with occupational low back complaints, in patients without Neurologic Symptoms of the lower extremities, it is not recommended to pursue an Electromyogram (EMG)

and the inclusive Nerve Conduction Study. In this particular case, the IW demonstrated focal back pain in the paraspinal muscles of both the thoracic and lumbar spine. The lower extremity Neurological examination has always been reported as normal with no equivocal findings. As such, it is not medically necessary to obtain an EMG or Nerve conduction studies or the left or right lower extremity.

**NERVE CONDUCTION VELOCITY (NCV) OF THE RIGHT LOWER EXTREMITY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM) PRACTICE GUIDELINES, CHAPTER 12: LOW BACK COMPLAINTS , 308-310.

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