

<b>Case Number:</b>	CM15-0167015		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	03/27/2015
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: Arizona, Texas

Certification(s)/Specialty: Internal 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 injured worker is a 45 year old male, who sustained an industrial injury on March 27, 2015, incurring head, upper, mid and lower back injuries after falling nine feet off of a beam. He was diagnosed with post-concussion syndrome, cervical disc herniation, thoracic disc displacement and lumbar disc displacement. Treatment included physical therapy and home exercise program, chiropractic sessions, massage therapy, topical analgesic creams, muscle relaxants, transcutaneous electrical stimulation unit, pain medications, lumbosacral orthosis, functional capacity evaluation and work restrictions. Currently, the injured worker complained of persistent upper and lower back pain with stiffness, tenderness and spasms. He noted limited range of motion in his neck with difficulty raising his head. He noted consistent lower back pain rated 6 out of 10. The treatment plan that was requested for authorization included Electromyography and Nerve Conduction Velocity of the left lower extremity and Work Hardening and cv Conditioning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV Left Lower Extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Nerve conduction study (NCS) techniques permit stimulation and recording of electrical activity from individual peripheral nerves with sufficient accuracy, reproducibility, and standardization to determine normal values, characterize abnormal findings, and correlate neurophysiologic-pathologic features. These clinical studies are used to diagnose focal and generalized disorders of peripheral nerves, aid in the differentiation of primary nerve and muscle disorders (although NCS itself evaluates nerve and not muscle), classify peripheral nerve conduction abnormalities due to axonal degeneration, demyelination, and conduction block and prognosticate regarding clinical course and efficacy of treatment. NCS should not be performed or interpreted as an isolated diagnostic study. Instead, it should be performed and interpreted at the same time as an EMG. When definitive neurologic findings on physical exam, electrodiagnostic studies, lab tests, or bone scans are present imaging may be warranted. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case the patient has had an MRI of the lumbar spine which shows a bulging disc at L3-4. The medical necessity for a NCS/EMG is not made. It is not clear how a NCS/EMG would change the management of this patient's care.

**Work Hardening/Conditioning:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening.

**Decision rationale:** According to the MTUS criteria for admission to a work hardening program includes: 1. Work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level: 1. An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis. 2. After treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning. 3. Not a candidate where surgery or other treatments would clearly be warranted to improve function. 4. Physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week. 5. A defined return to work goal agreed to by the employer and employee. 6. The worker must be able to benefit from the program. 7. The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit. In this case the patient has chronic pain. They have plateaued with a physical therapy program however the documentation

supplied does not support that the patient has met criteria for a work hardening program.