

<b>Case Number:</b>	CM15-0206384		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	11/09/2005
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 48 year old female who sustained an industrial injury November 9, 2005. Past history included lumbar spinal fusion L5-S1 December 2006, laminotomy and facetectomy January 2012, trial of spinal cord stimulator December 2012 without permanent placement, and hypertension. Past treatment included physical therapy, spinal injections, medication, home TENS (transcutaneous electrical nerve stimulation) unit and application of ice. According to a primary treating physician's progress report dated September 11, 2015, the injured worker presented for follow-up. The physician documented she underwent an injection in May which provided approximately 70% relief lasting for 4 days and then returning to baseline. She underwent a left S1 selective nerve root block July 13, 2015, which significantly worsened the pain, reporting being virtually bedridden. She continues to have lower back pain, rated 8 out of 10 without medication and 5 out of 10 with medication, and left lower extremity pain rated, 8 out of 10 without medication and 4 out of 10 with medication. Current medication included Restoril, Motrin, Flexeril, Protonix, Gabapentin, and Oxycodone. Objective findings included; normal gait, normal swing through gait with no evidence of a limp, no weakness when walking on heels or toes; palpable tenderness of the left lumbar paravertebral muscles and across the left upper buttocks; sensory decreased over the left L3, L4, L5 and S1 dermatome distributions; straight leg raise positive left at 80 degrees. Assessment is documented as left sacroiliac joint dysfunction; left greater trochanter bursitis; left L4-5 lateral recess stenosis; left L4-5 radiculopathy confirmed by EMG (not dated); adjacent segment degeneration L3-4 and L4-5. At issue is the request for authorization for EMG-NCV (electromyogram-nerve conduction velocity) bilateral lower extremities and medications prescribed by pain management (not specified). According to utilization review dated September 24, 2015, the requests for EMG-NCV bilateral lower extremities and Medications prescribed by Pain Management (not specified) are non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV of bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The ACOEM chapters on low back complaints and the need for lower extremity EMG/NCV states: Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). 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. There are unequivocal objective findings of nerve compromise on the neurologic exam provided for review. However, there is not mention of surgical consideration. There are no unclear neurologic findings on exam. For these reasons, criteria for lower extremity EMG/NCV have not been met as set forth in the ACOEM. Therefore, the request is not medically necessary.

**Medications prescribed by pain management ( not specified):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

**Decision rationale:** The California MTUS, ACOEM and ODG all espouse the use of specific medications in the treatment of chronic pain. The types and quantity of the medications depend on the diagnosis and symptoms. The patient has symptoms of chronic low back pain. The request however does not specify types or dosing of specific medications. Therefore, the request is not medically necessary.