

<b>Case Number:</b>	CM15-0224033		
<b>Date Assigned:</b>	11/20/2015	<b>Date of Injury:</b>	11/07/2014
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	11/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2015

### 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: 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 injured worker is a 46 year old male, who sustained an industrial injury on 11-7-2014. The injured worker is undergoing treatment for right testicular pain, lumbar strain, left knee pain and anxiety and depression. Medical records dated 10-27-2015 indicate the injured worker complains of finger, back, knee, left groin and right testicular pain. Physical exam dated 10-27-2016 notes tenderness to palpation of left buttock, right ring finger tenderness to palpation with decreased range of motion (ROM) and lumbar, left knee, left groin and right testicular tenderness to palpation. Treatment to date has included psychiatric treatment, urology consult, groin injection with reported improvement, medication and alteration in activity. The original utilization review dated 11-6-2015 indicates the request for urological consult is certified and lumbar magnetic resonance imaging (MRI) and retroactive request bilateral lower extremities electromyogram- nerve conduction velocity (NCV) is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar:** Upheld

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

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

**Decision rationale:** The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. In this case, there is no evidence of lumbar x-rays. There is also no evidence of tissue insult, nerve impairment, or other red flags that would warrant the use of a lumbar MRI. The request for MRI of the lumbar is determined to not be medically necessary.

**Retro bilateral lower extremity EMG/NCV:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/Nerve Conduction Studies (NCS) Section.

**Decision rationale:** Per the MTUS Guidelines, EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The requesting physician does not provide explanation of why EMG would be necessary for this injured worker, who has no objective signs of radiculopathy. The MTUS Guidelines do not specifically address nerve conduction studies of the lower extremities. Per the ODG, nerve conduction studies are not recommended because there is minimal justification of performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The requesting physician does not provide explanation of why NCV would be necessary for this injured worker. The request for retro bilateral lower extremity EMG/NCV is determined to not be medically necessary.