

<b>Case Number:</b>	CM15-0050320		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	12/02/2014
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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: Physical Medicine & Rehabilitation

### 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 68-year-old male who reported an injury on 12/02/2014. The mechanism of injury was the injured worker lifted a tray containing small containers of milk from a cart and as he attempted to place the tray inside a small freezer, the wet tray slipped from his grip and to prevent the tray from falling, the injured worker held the tray up with both hands and felt low back pain. Prior treatment included medications, physical therapy, MRI studies, and x-rays. The documentation of 02/03/2015 revealed the medications included tramadol 50 mg 1 tablet per day and a muscle relaxer, which the injured worker could not remember the name of. The injured worker was noted to smoke on occasion. The pain complaints included low back pain radiating into his left leg with extension into his left foot. The injured worker had numbness and tingling in his left leg. The injured worker was noted to have weakness in his left leg. The pain level varied throughout the day. The injured worker denied bowel or bladder incontinence or dysfunction. The physical examination revealed limited range of motion. The injured worker had motor examination that was intact. Sensation was intact, straight leg raise was negative, and the reflexes were intact. The x-ray of the lumbar spine revealed diffuse lumbar degenerative disease with disc space narrowing throughout the lumbar spine. The diagnoses included possible lumbar radiculopathy. The treatment plan included an EMG/NCS of the bilateral lower extremities, physical therapy for the lumbar spine 3 times a week x4 weeks including both pool and land therapy. Additional treatment included Ultram 50 mg 1 tablet by mouth twice a day and Voltaren 75 mg 1 by mouth twice a day. There was no Request for Authorization submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG left lower extremity:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The American College of Occupational and Environmental Medicine states that 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. The clinical documentation submitted for review failed to provide the duration of conservative care. There were no myotomal or dermatomal findings submitted for review to support the necessity for an EMG. Given the above, the request for EMG left lower extremity is not medically necessary.

**NCV left lower extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Nerve conduction studies (NCS).

**Decision rationale:** The Official Disability Guidelines do not recommend NCS as there is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. There is no documentation of peripheral neuropathy condition that exists in the bilateral lower extremities. There is no documentation specifically indicating the necessity for both an EMG and NCV. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for NCV left lower extremity is not medically necessary.

**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 Official Disability Guidelines(ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Nerve conduction studies (NCS).

**Decision rationale:** The Official Disability Guidelines do not recommend NCS as there is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. There is no documentation of peripheral neuropathy condition that exists in the bilateral lower extremities. There is no documentation specifically indicating the necessity for both an EMG and NCV. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for NCV right lower extremity is not medically necessary.

**EMG right lower extremity:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The American College of Occupational and Environmental Medicine states that 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. The clinical documentation submitted for review failed to provide the duration of conservative care. There were no myotomal or dermatomal findings submitted for review to support the necessity for an EMG. Given the above, the request for EMG right lower extremity is not medically necessary.

**Land therapy three times a week time four weeks for the lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend physical medicine for myalgia and myositis and radiculitis for up to 10 sessions. This request is concurrently being reviewed for aquatic therapy. There was a lack of documentation indicating a necessity for both aquatic and land therapy. Additionally, the injured worker had previously undergone physical therapy. There was a lack of documentation of objective functional benefit received from prior therapy and there was a lack of documentation of remaining objective functional deficits. Given the above, the request for land therapy three times a week time four weeks for the lumbar spine is not medically necessary.

**Pool therapy three times a week times four weeks for the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 98, 99.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend aquatic therapy when there is documentation of a need for reduced weight bearing. Additionally, the quantity of visits is 10 and the number of sessions is for either land or aquatic therapy, not both. There was a lack of documentation indicating a necessity for both pool and land therapy. There was a lack of documentation indicating the injured worker had a need for reduced weight bearing. There was a lack of documentation of objective functional deficits. Given the above, the request for pool therapy three times a week times four weeks for the lumbar spine is not medically necessary.