

<b>Case Number:</b>	CM14-0124854		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	03/29/2010
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 Family Medicine, and is licensed to practice in Utah. 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 patient is a 28 year-old female. The patient's date of injury is 3/29/2010. The mechanism of injury was a fall from a ladder about 7 to 8 feet high. The patient has been diagnosed with displacement of lumbar intervertebral disc without myelopathy, hip pain, ankle pain, feet pain, hand pain and closed fracture of the calcaneus. The patient's treatments have included physical therapy, imaging studies, splints and medications. The physical exam findings, dated 7/23/2014 show the lumbar spine with some spasms with straight leg raise. The Achilles reflexes were decreased compared to the patellar tendon reflexes. She was noted with a positive Lasque test on the left. She is able to do a full squat, but has slight patellofemoral popping which is new. MRI finding showed nerve root abutment within the exit of the neural foramina bilaterally. The patient's medications have included, but are not limited to, gabapentin, Hydrocodone/APAP and a TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG) lower bilateral extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The current request is for EMG of the bilateral lower extremities. MTUS guidelines were reviewed in regards to this specific case. Clinical documents were reviewed. According to the clinical documents there is some evidence of decreased reflexes in the lower extremities. The guidelines also state EMG for clinically obvious radiculopathy is not recommended. The clinical documents are lacking evidence of "red flag symptoms" or worsening symptoms. There is no clinical documentation evidence for indication of EMG testing at this time. The EMG is not indicated as a medical necessity at this time.

**Nerve conduction study (NCS) lower bilateral extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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.

**Decision rationale:** MTUS guidelines are silent with regard to NCS. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for NCS. ODG Guidelines state the following: not recommended. According to the clinical documentation provided and current guidelines; a NCS is not indicated as a medical necessity to the patient at this time.

**Intramuscular injection of Toradol 60mg:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Shoulder Chapters.

**Decision rationale:** MTUS treatment guidelines are silent with regards to injections, other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Toradol Injection. Guidelines state the following: Recommended as an option to corticosteroid injections. According to the clinical documentation provided and current guidelines; Toradol Injection is indicated as a medical necessity to the patient at this time.

**Trigger point injection of Depomedrol 40mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

**Decision rationale:** Recommended only for myofascial pain syndrome. Not recommended for radicular pain. The injections must have the following supporting documentation, including pain more than 3 months, trigger points with evidence upon palpation of a twitch response, radiculopathy is not present, and no more than 3-4 injections per session, etc. The patient does not have a current diagnosis of myofascial pain syndrome. According to the clinical documentation provided and current MTUS guidelines; a trigger point injection is not indicated as a medical necessity to the patient at this time.