

<b>Case Number:</b>	CM14-0148397		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	03/20/2014
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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 Occupational Medicine, and is licensed to practice in California. 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:

This is a 35-year-old female with a 3/20/14 date of injury, when the child fell on her and injured her lower back. The patient was seen on 8/27/14 with complaints of persistent 4/10 lower back pain. The pain was alleviated by rest and elevations of the legs and aggravated with prolonged sitting. The patient was taking Aleve and stated that it decreased the pain from 4/10 to 2/10. Exam findings of the lumbar spine revealed marked tenderness to palpation over the bilateral lumbar paraspinal muscles and the range of motion was: flexion 70 degrees with severe pain, extension with full active range of motion and bilateral rotation limited due to pain. Neurovascular status was intact distally. Straight leg raising test was positive on the left at 60 degrees on the left. The patient ambulated with antalgic gait pattern. The diagnosis is lumbar strain/sprain and lower extremity radicular pain. Radiographs of the lumbar spine (3 views) dated 3/28/14 revealed normal lumbar examination. MRI of the lumbar spine dated 6/26/14 revealed mild foraminal narrowing at L4-L5 and L5-S1, related to facet hypertrophic change. Treatment to date: work restrictions and medications. An adverse determination was received on 9/4/14. The request for EMG/NCV for bilateral lower extremities was denied given that there were no signs of radiculopathy on the physical examination and on the lumbar MRI taken on 6/26/14. The request for lumbar spine brace was denied given that the guidelines stated that the benefit was only in the acute phase of symptom relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG (electromyogram) bilateral lower extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301,303,309.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter EMG/NCV)

**Decision rationale:** CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The MRI of the lumbar spine dated 6/26/14 revealed mild foraminal narrowing at L4-L5 and L5-S1, related to facet hypertrophic change and the radiographs of the lumbar spine (3 views) dated 3/28/14 revealed normal lumbar examination. The physical examination did not show subjective or objective findings consistent with radiculopathy. In addition, it is not clear if the patient underwent 1-month conservative therapy. Therefore, the request for EMG (electromyogram) bilateral lower extremities was not medically necessary.

**NCV (nerve conduction velocity) bilateral lower extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG; web version Low, Back, Nerve conduction studies (NCS) not recommended.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter EMG/NCV

**Decision rationale:** CA MTUS does not address this issue. ODG states that NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. The MRI of the lumbar spine dated 6/26/14 revealed mild foraminal narrowing at L4-L5 and L5-S1, related to facet hypertrophic change and the radiographs of the lumbar spine (3 views) dated 3/28/14 revealed normal lumbar examination. In addition, the physical examination did not show subjective or objective findings consistent with radiculopathy. Therefore, the request for NCV (nerve conduction velocity) bilateral lower extremities was not medically necessary.

**Lumbar spine brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**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 Lumbar Support

**Decision rationale:** CA MTUS does not address this issue. Per ODG, Lumbar supports are not recommended for prevention in neck and back pain. They are recommended as an option for treatment for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). There is a lack of documentation indicating that the patient was diagnosed with compression fracture or suffered from instability, spondylolisthesis or nonspecific lower back pain. Therefore, the request for Lumbar spine brace was not medically necessary.