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| <b>Case Number:</b>   | CM14-0149190 |                              |            |
| <b>Date Assigned:</b> | 09/18/2014   | <b>Date of Injury:</b>       | 07/02/2004 |
| <b>Decision Date:</b> | 10/17/2014   | <b>UR Denial Date:</b>       | 09/09/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/15/2014 |

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

The injured worker is a 59 year-old male with a date of injury of 7/2/2004. The patient's industrially related diagnoses include lumbago, low back pain, post-laminectomy syndrome of lumbar region, vertebral compression fracture, and status post lumbar decompression and fusion L4-S1 on 5/19/2009. In December 2013, patient completed 6 sessions of PT. The disputed issues are pain management consultation, CT scan of the lumbar spine, and EMG of bilateral lower extremities. A utilization review determination on 9/9/2014 had non-certified these requests. The stated rationale for the denial was the "report does not include a history documenting chronic pain nor need for pain management nor does it include a neurological examination or physical examination findings supportive of radiculopathy that would warrant electrodiagnostic studies. Based on this review then and citing the Guidelines below, request for Pain Management, EMG studies, and CT of Lumbar Spine are denied."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management Consultation, Qty#1:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 7, page 127 regarding Independent MEDical Examinations and Consultations

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 127

**Decision rationale:** The California Medical Treatment and Utilization Schedule does not have specific guidelines with regard to consulting specialists. American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, Second Edition state the following in Chapter 7, page 127: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." A referral for a consultation may be made "to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient." The injured worker was being evaluated by a pain management specialist, but at his last visit on 7/16/2014 he requested transfer of care to a new pain management office. He expressed disappointment with the care he received. The pain management specialist agrees that the injured worker should follow up with a new pain management office. Therefore on 9/2/2014, the treating physician requested another pain management consultation. Based on the guidelines above, the request for pain management consultation is medically necessary.

**EMG Right Lower Extremity Qty#1:** Upheld

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

**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, Electromyography

**Decision rationale:** With regard to EMG of the lower extremities to evaluate for lumbar radiculopathy, the ACOEM Practice Guidelines referenced above state: "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." Regarding electromyography, the Official Disability Guidelines (ODG) state: "Recommended as an option (needle, not surface). EMGs (electromyography) 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." In the progress report dated 9/2/2014, the treating physician diagnosed the injured worker with "s/p thoracic and s/p lumbar" and documented objective findings of tenderness, limited ROM, stiffness, and spasms. There was no documentation of any neurological deficits in the physical examination. The treating physician did not provide details regarding any conservative therapy. Furthermore, the treating physician did not give a rationale as to why the EMG of bilateral LE was requested. Based on the guidelines referenced above, medical necessity cannot be established for EMG of right lower extremity at this time.

**EMG Left Lower Extremity Qty# 1: Upheld**

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

**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, Electromyography

**Decision rationale:** With regard to EMG of the lower extremities to evaluate for lumbar radiculopathy, the ACOEM Practice Guidelines referenced above state: "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." Regarding electromyography, the Official Disability Guidelines (ODG) state: "Recommended as an option (needle, not surface). EMGs (electromyography) 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." In the progress report dated 9/2/2014, the treating physician diagnosed the injured worker with "s/p thoracic and s/p lumbar" and documented objective findings of tenderness, limited ROM, stiffness, and spasms. There was no documentation of any neurological deficits in the physical examination. The treating physician did not provide details regarding any conservative therapy. Furthermore, the treating physician did not give a rationale as to why the EMG of bilateral LE was requested. Based on the guidelines referenced above, medical necessity cannot be established for EMG of left lower extremity at this time.