

<b>Case Number:</b>	CM14-0021177		
<b>Date Assigned:</b>	02/20/2014	<b>Date of Injury:</b>	01/13/2012
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 58 year old female who was injured at work on 01/12/2013. She complains of worsening low back pain. The pain is 8/10, localized to the midline low back but extends to the right extremity. She denied bowel or bladder problems. She reported functional improvement with acupuncture. Physical examination by the primary physician is unremarkable but for paraspinal tenderness between T12 to L4; while the examination by the orthopedist surgeon about a month later was positive for restricted lumbar range of motion; positive straight leg raise, positive Laseque's test, left more than right; reduced sensation in the calves. The Lumbar MRI of 07/24/2013 and 3/12/2013 were stable and unremarkable. Her treatment included Mobic, Norco, Prilosec, due to GI upset with Mobic; three epidural injections. Lumbar Radiculopathy. In dispute are MRI For Lumbar Spine, and Emg (Electromyography) For Bilateral Lower Extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI FOR LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The MTUS recommends unequivocal objective findings of specific nerve compromise on the neurologic examination as sufficient evidence to warrant imaging in those who fail to respond to treatment and who would consider surgery an option. The injured worker has done two Lumbar MRIs between 2012 and 2013, and the findings are reported to be stable. There is discrepancy between the examination findings of the primary care doctor and that of the orthopedist. Therefore Lumbar MRI is not medically necessary at this stage.

**EMG (ELECTROMYOGRAPHY) FOR BILATERAL LOWER EXTREMITIES:**

Overtured

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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) <>, page(s) <303>.

**Decision rationale:** The MTUS 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. Since the injured worker complains of low back pain that goes down her extremities, it is medically necessary to evaluate with EMG as she gave a verbal history that her initial MRI showed herniated disc; which was not reported in the MRI report read by her primary doctor.