

<b>Case Number:</b>	CM15-0062009		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	06/20/2014
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 44 year old male, who sustained an industrial injury on 6/20/2014. Diagnoses have included lumbar disc displacement. Treatment to date has included magnetic resonance imaging (MRI) and physical therapy. According to the progress report dated 2/23/2015, the injured worker complained of low back pain. He complained of persistent and progressive lumbar radiculopathic complaints such as numbness and tingling predominantly on the right side. Pain levels were rated 6-7/10. Objective findings revealed positive straight leg raise. The injured worker was unable to heel and toe walk and was unable to squat. There was tenderness and spasm in the lumbar spine with pain on extension. Authorization was requested for electromyography (EMG)/nerve conduction velocity (NCV) of the bilateral lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV of the bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Electrodiagnostic studies.

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, bilateral lower extremity EMG/NCV studies are not medically necessary. Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after one month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The ACOEM states unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. In this case, the injured worker's working diagnoses are lumbar disc herniation with low-grade instability at L5 - S1; axial low back pain; and rule out lumbar radiculopathy. Subjectively, according to a March 23, 2015 progress note, the injured worker complains of low back pain that radiates to the buttocks bilaterally and lower extremities right greater than left. Objectively, the injured worker has limited range of motion at the lumbar spine with spasm and tenderness. Neurologically, the exam is unremarkable. There is decreased sensation over the dorsum of on the right side. Straight leg raising is positive on the right. An MRI showed retrolisthesis of L5 over S1 with this disease and disc height loss. There is severe neuroforaminal narrowing bilaterally with no evidence of disc herniation or facet of property. There are no objective findings (on physical examination) of radiculopathy. The guidelines state there is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. The treating physician wishes to rule out lumbar spine radiculopathy. Consequently, absent clinical documentation to support electrodiagnostic studies, unequivocal findings that identify specific nerve compromise on the neurologic evaluation with minimal justification for performing nerve conduction studies, bilateral lower extremity EMG/NCV studies are not medically necessary.

**Pain management consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, page 127 Official Disability Guidelines (ODG), Low Back Chapter, Evaluation and management.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): Chapter 7, Pages 127-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Office Visits.

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, pain management consultation is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable

physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are lumbar disc herniation with low-grade instability at L5 - S1; axial low back pain; and rule out lumbar radiculopathy. The documentation, according to a March 23, 2015 progress note, states the injured worker will continue core strengthening, gentle stretching, anti-inflammatories and topical analgesic creams in addition to non-impact modalities such as walking, swimming, stationary bike and elliptical machine. The patient was prescribed tramadol and Soma for pain control. Additionally, the injured worker was pending a QME/IME evaluation. Pain management consultation is premature at this time. The injured worker was prescribed Tramadol and Soma at the March 2015 evaluation. Additionally, physical therapy/conservative measures to date are not documented in the medical record. The injured worker is pending a QME/IME. Consequently, absent clinical documentation with a response to Tramadol and Soma with additional current medications not specifically listed in the medical record, a pain management consultation is not medically necessary.