Case Number:	CM15-0062845		
Date Assigned:	04/08/2015	**Date of Injury:**	01/04/2011
Decision Date:	05/14/2015	**UR Denial Date:**	03/24/2015
Priority:	Standard	**Application Received:**	04/02/2015

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
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 47-year-old female, who sustained an industrial injury on 01/04/2011. She reported immediate stabbing lower back pain secondary to jarring motion of a vehicle she was operating that then worsened while she manually operated a lift that caused the pain to spread to the left pelvis region. The injured worker was diagnosed as having sever facet degenerative changes of the lower spine at lumbar four to five and lumbar five to sacral one, left sacroiliitis, mild osteoarthropathic hip pain with the right greater than the left, and rule out pelvic pathology. Treatment to date has included x-rays of the hips, use of transcutaneous electrical nerve stimulation unit, laboratory studies, and medication regimen. In a progress note dated 02/12/2015 the treating physician reports complaints of low back pain with left lower extremity symptoms with the pain rating of a seven out of ten and sacroiliac pain to the hip with a pain rating of a five out of ten. The treating physician requested an electromyogram with nerve conduction velocity of the lower extremities to determine specific nerve involvement due to concern for instability and near falls. The treating physician also requested x-rays anteroposterior and lateral of the lumbar spine noting the focus to be on the sacroiliac joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the lower extremities, quantity of two: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 308-309. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 3rd Edition (2011) Low back disorders http://www.guideline.gov/content.aspx?id=38438.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses electromyography (EMG). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints state that EMG for clinically obvious radiculopathy is not recommended. EMG is recommended to clarify nerve root dysfunction. ACOEM 3rd Edition states that electrodiagnostic studies, which include needle EMG, are recommended where a CT or MRI is equivocal and there are ongoing pain complaints that raise questions about whether there may be a neurological compromise that may be identifiable (i.e., leg symptoms consistent with radiculopathy, spinal stenosis, peripheral neuropathy, etc.). Electrodiagnostic studies for patients with acute, subacute, or chronic back pain who do not have significant leg pain or numbness are not recommended. The primary treating physician's progress report dated 2/12/15 documented that the patient was neurologically unchanged. No neurologic deficits were documented on physical examination. Because no neurologic deficits were documented, the request for EMG electromyography is not supported by MTUS or ACOEM guidelines. Therefore, the request for EMG electromyography of the lower extremities is not medically necessary.

NCV of the lower extremities, quantity of two: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 308-309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar & Thoracic (Acute & Chronic) Nerve conduction studies (NCS). ACOEM 3rd Edition Low back disorders (2011) http://www.guideline.gov/content.aspx?id=38438 Work Loss Data Institute - Low back (2013) http://www.guideline.gov/content.aspx?id=47586.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses electrodiagnostics studies. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints state that EMG for clinically obvious radiculopathy is not recommended. Official Disability Guidelines (ODG) Low Back, Lumbar & Thoracic (Acute & Chronic) indicate that nerve conduction studies (NCS) are not recommended. Work Loss Data Institute guidelines for the low back indicate that nerve conduction studies (NCS) are not recommended. The primary treating physician's progress report dated 2/12/15 documented that the patient was neurologically unchanged. No neurologic deficits were documented on physical examination. Because no neurologic deficits were

documented, the request for nerve conduction velocity (NCV) studies is not supported. Official Disability Guidelines (ODG) indicate that nerve conduction studies (NCS) are not recommended. Work Loss Data Institute guidelines for the low back indicate that nerve conduction studies (NCS) are not recommended. Therefore, the request for NCV of bilateral lower extremities is not medically necessary.

X-ray, AP and lateral lumbar spine, quantity of two: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic) Sacroiliac joint blocks.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints states that relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false-positive test results). Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308-310) indicates that radiographs of the lumbosacral spine are recommended when red flags for fracture, cancer, or infection are present. Imaging tests in the absence of red flags are not recommended. Official Disability Guidelines (ODG) indicates that imaging studies are not helpful for sacroiliac joint dysfunction. Medical records document a negative sacroiliac joint series dated 6/10/11. MRI magnetic resonance imaging of the lumbar spine dated 11/7/14 demonstrated moderate to severe lower facet degenerative changes at L4-5 and L5-S1. No evidence of significant central or foraminal stenosis was noted. X-ray of the of the pelvis and hip dated 2/11/15 documented minimal right greater than left hip osteoarthritis with osteophytosis, but no significant joint space narrowing. No avascular necrosis or fracture was noted. No significant joint space narrowing was noted. Soft tissues were unremarkable. The primary treating physician's progress report dated 2/12/15 documented that the patient was neurologically unchanged. No neurologic deficits were documented on physical examination. No new injuries were reported. The patient's subjective complaints and physical examination were unchanged. Because there was no evidence of red flags for fracture, cancer, or infection is present, the request for radiographs of the lumbosacral spine is not supported by MTUS guidelines. Therefore, the request for X-ray of the lumbar spine is not medically necessary.