

Case Number:	CM15-0096163		
Date Assigned:	05/26/2015	Date of Injury:	09/11/2013
Decision Date:	06/25/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/19/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 37 year old female, who sustained an industrial injury on 09/11/2013. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar disc displacement without myelopathy, sciatica, thoracic disc displacement without myelopathy, tear of the medical meniscus of the knees, and cervical sprain/strain. Treatment and diagnostic studies to date has included magnetic resonance imaging of the cervical spine, magnetic resonance imaging of the lumbar spine, magnetic resonance imaging of the left knee, magnetic resonance imaging of the right knee, acupuncture, physical therapy, and medication regimen. In a progress note dated 04/16/2015 the treating physician reports complaints of constant, moderate to severe, aching pain to the lumbar spine; constant, severe, aching, throbbing, and burning pain to the bilateral knees; constant, aching, severe pain to the thoracic spine; and occasional, severe, aching pain to the cervical spine. Examination reveals spasms and tenderness to the bilateral paraspinal muscles at cervical two through seven, bilateral suboccipital muscles, and bilateral upper shoulder muscles. The examination also noted spasm and tenderness to the bilateral paraspinal muscles at thoracic eight through twelve, the bilateral lumbar paraspinal muscles at lumbar one through sacral one, multifidus muscle, bilateral knee anterior joint line, and popliteal fossa. The treating physician also noted a positive trigger point to the lumbar spine, positive Kemp's test bilateral, positive straight leg raise on the left, positive Yoeman's bilaterally, positive distraction test to the cervical spine, positive depression test bilaterally to the cervical spine, positive McMurray's test bilaterally, and a positive grinding test bilaterally. During this examination the treating physician did not include the injured worker's function with activities of

daily living along with the lack of measurement of the injured worker's range of motion. Documentation from 02/05/2015 did note that the injured worker was barely able to perform household activities. The physician also noted on 02/05/2015 that the injured worker was able to walk, stand, and sit, but experienced pain with these activities. The treating physician requested a nerve conduction velocity with electromyogram of the lower extremity noting radiculopathy complaints along with magnetic resonance imaging revealing multiple disc protrusions. The treating physician also requested a follow-up visit with range of motion measurement and to address the activities of daily living for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up visit for a range of motion measurement and addressing ADL's for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33.

Decision rationale: ROM evaluation is a basic part of musculoskeletal examination, which can be routinely performed without the need for a specialist. Therefore, the request is not medically necessary.

NCV/EMG of the bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to MTUS guidelines (MTUS page 303 from ACOEM guidelines), 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. EMG has excellent ability to identify abnormalities related to disc protrusion (MTUS page 304 from ACOEM guidelines). According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks (page 178). EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is useful to identify physiological insult and anatomical defect in case of neck pain (page 179). Although the patient

developed low back pain, there is no clear evidence that the patient developed peripheral nerve dysfunction or nerve root dysfunction. MTUS guidelines do not recommend EMG/NCV without signs of radiculopathy or nerve dysfunction. Therefore, the request for EMG/NCV study of the bilateral lower extremities is not medically necessary.