

<b>Case Number:</b>	CM13-0018467		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	05/01/2013
<b>Decision Date:</b>	01/17/2014	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Disease 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 physician 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:

This claimant is a 32-year-old female. She has a date of injury of 05/01/2013, and the mechanism of injury is described as sudden onset of low back pain radiating to the left leg, apparently while lifting a patient, when she suddenly felt burning pain to the left side of her low back and mid back region that radiated to the left buttock, back of the thigh, calf, and to the top of her left foot. MRI of the lumbar spine dated 05/11/2013 revealed degenerative disc disease at L4-5 with a 3 mm retrolisthesis of L4 and L5, and a pseudobulge and fissuring of the posterior portion of the annulus, and a pseudobulge abutting both central L5 nerve roots in the lateral recess that were mildly narrowed with mild spinal canal stenosis. There was mild congenital spinal canal narrowing at L5-S1 and mild narrowing of both lateral recesses. She was seen in clinic on 06/05/2013, and had an antalgic gait at that time, and hip weakness was noted by her physical therapist. When she was seen in neurological consult on 08/01/2013, light touch was intact to both upper and lower extremities deep tendon reflexes were 2+ and symmetrical in the upper and lower extremities, and she had 5/5 strength in the proximal and distal muscle groups involving her arms and legs. Diagnosis included lumbar radiculopathy and lumbar degenerative disc disease, and plan was to obtain bilateral lower extremity EMGs and nerve conduction studies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV right lower extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** MTUS/ACOEM, Chapter 12 states, "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. Discography is not recommended for assessing patients with acute low back." The records provided for this review indicate that she has a degenerative disc condition in the lumbar spine, as evidenced by the MRI of 05/21/2013, with mild spinal canal stenosis and mild narrowing of the lateral recesses. There was also a degenerative condition at L5-S1 with mild narrowing of the lateral recess at that level. On physical examination, she has 5/5 strength, normal sensation, and normal deep tendon reflexes. She has a family history significant for diabetes, hypertension, and cancer. She also indicates that she had an old injury on 2001, when she was lifting a box at work, and she complained apparently of burning pain radiating to the right side of her body. She was followed up with physical therapy and reported that she improved in 2 years. Now, she reports pain to the left side, but the actual reports from her 2001 injury are not provided for this review to objectively document that she did not have pathology to the left side as a result of that old injury in 2001. Additionally, the records are silent after the 08/01/2013 clinical note, so her current status is unknown at this time. Therefore, it is not known whether she has radicular symptoms, has progressed or regressed with her complaints. The records do not include documentation of subtle, focal, neurological dysfunction in this claimant either. Therefore, this request is not considered medically necessary and is non-certified.

**EMG left lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** MTUS/ACOEM, Chapter 12 states, "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. Discography is not recommended for assessing patients with acute low back." The records provided for this review indicate that she has a degenerative disc condition in the lumbar spine, as evidenced by the MRI of 05/21/2013, with mild spinal canal stenosis and mild narrowing of the lateral recesses. There was also a degenerative condition at L5-S1 with mild narrowing of the lateral recess at that level. On physical examination, she has 5/5 strength, normal sensation, and normal deep tendon reflexes. She has a family history significant for diabetes, hypertension, and cancer. She also indicates that she had an old injury on 2001, when she was lifting a box at work, and she complained apparently of burning pain radiating to the right side of her body. She was followed up with physical therapy and reported that she improved in 2 years. Now, she reports pain to the left

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