MAXIMUS Federal Services

| Case Number: | CM13-0019139 | | |
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| Date Assigned: | 12/11/2013 | Date of Injury: | 03/08/2012 |
| Decision Date: | 05/19/2014 | UR Denial Date: | 08/20/2013 |
| Priority: | Standard | Application Received: | 08/30/2013 |

## 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 Anesthesiology, has a subspecialty in Acupuncture and Pain Medicine and is licensed to practice in California. 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 patient is a 69 year old female with date of injury of 3/8/12 with related low back and left leg pain. Per 7/25/13 evaluation, the injured worker complained of low back pain that radiated to the lower extremity, bilateral shoulder pain and bilateral hip pain. Physical examination documented tenderness to digital palpation in the lumbar spine, straight leg raise was positive on the left leg, sensory exam was decreased in the left leg. MRI of the lumbar spine dated 8/19/13 revealed L2-L3 broad right paracentral 5mm disc protrusion mildly narrowing the right lateral recess; L4-L5 marked left lateral recess and moderate foraminal stenosis due to asymmetric disc bulge/osteophyte and moderate facet arthropathy; L5-S1 marked bilateral facet arthropathy with grade 1 degenerative anterolisthesis of 5mm causing mild bilateral lateral recess and foraminal narrowing; 10 degrees lumbar levoscoliosis. Treatment to date has included physical therapy, TENS, and medication management.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**ELECTROMYOGRAPHY (EMG) AND NERVE CONDUCTION STUDIES (NCS) FOR THE LEFT LOWER EXTREMITY:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ODG, Pain Chapter, Electrodiagnostic Testing.

**Decision rationale:** Per ODG TWC, EMG and NCS are generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy, which may contribute to or coexist with CRPS II (causalgia), when testing is performed by appropriately trained neurologists or physical medicine and rehabilitation physicians. The documentation submitted for review indicates there are neurologic symptoms in the left lower extremity. Therefore, EMG/NCS testing would be medically necessary.

**EMG/NCS OF THE RIGHT LOWER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ODG, Pain Chapter, Electrodiagnostic Testing.

**Decision rationale:** The ACOEM/ODG indicate that EMG/NCS is an accepted method of localizing the source of neurological symptoms and establishing a diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy. The documentation submitted for review includes no red flag signs related to the right lower extremity. The injured worker has no signs of peripheral nerve entrapment as no peripheral neuropathy testing was documented. The request is not medically necessary.