

<b>Case Number:</b>	CM13-0030376		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	12/24/2010
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 49 year old female with an injury date of 12/24/10. Based on the 08/30/13 progress report provided by [REDACTED], the patient complains of lumbar spine pain, rating it a 9-10/10. She has spasms going down her right leg and right foot which get worse at night. The patient has tingling from right hip down into the leg. She has tenderness at L4-S1 and bilateral posterior superior iliac spine. The patient reports loss of lordosis along with tenderness at C5, C6, C7, left trapezius and left levator scapula along with pain radiating down her left arm. She also has weakness in her left deltoid. The patient's diagnoses include the following: Sprain/strain, cervical spine, Disc space/ narrowing, lumbar spine. [REDACTED] is requesting for an EMG/NCV for the right lower extremities. The utilization review determination being challenged is dated 09/11/13. [REDACTED] is the requesting provider, and he provided treatment reports from 05/07/13- 12/18/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV RIGHT LOWER EXTREMITIES:** Overturned

**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.

**Decision rationale:** According to the 08/30/13 report by [REDACTED], the patient presents with lumbar spine pain, spasms going down her right leg and right foot, tingling from right hip down into the leg, and tenderness at L4-S1 and bilateral posterior superior iliac spine. She also has loss of lordosis along with tenderness at C5, C6, C7, left trapezius and left levator scapula along with pain radiating down her left arm as well as weakness in her left deltoid. The request is for an EMG/NCV for the right lower extremities. ACOEM Guidelines page 303 states, Electromyography including H-reflex test may be useful to identify subtle focal neurologic dysfunctions in patients with low back symptoms lasting more than 3 or 4 weeks. This patient has had persistent pain in the low back since the first progress report provided on 05/07/13, lasting more than 3 to 4 weeks. The request is medically necessary.