

<b>Case Number:</b>	CM13-0036710		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	03/29/2004
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 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 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 is a 59 year-old male with a 3/29/04 industrial injury claim. He has been diagnosed with: chronic lumbosacral strain with intermittent right-sided radiculopathy; DDD lumbar spine diffusely corroborated with MRI showing annular tears and degenerative disease; chronic thoracic muscle strain with myofascial pain syndrome at multiple levels; chronic right-handed grip strength weakness; chronic right-handed epicondylitis, medial and lateral. The IMR application shows a dispute with the 10/1/13 UR decision from [REDACTED], for non-certification of EMG/NCV studies for the bilateral lower extremities. On the 6/18/13 report from [REDACTED], the patient had 6-7/10 back pain, dropping to 3-4/10 with medications. A positive right SLR at 45 degs was recorded. There was pain along the posterolateral thigh and lateral leg on the right side. There was a decreased Achilles tendon reflex on the right, and right side weakness in foot dorsiflexion and plantar flexion. [REDACTED] ordered a repeat lumbar MRI, and EMG/NCV studies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV bilateral lower extremities:** Overturned

**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:** The patient is reported to have back pain with radiation down the right posterior and lateral thigh and right lateral leg, with decreased right Achilles reflex, and weakness in right foot dorsiflexors and plantar flexors, and positive root tension with SLR at 45 degrees. There appeared to be involvement of the right L5 and S1 nerve roots. The prior MRI from 1/6/12 shows foraminal narrowing at L3/4 and L4/5, but normal at L5/S1. The patient has objective findings suggestive of radiculopathy, but it is not consistent with the expected pattern from the prior MRI. A specific pattern of radiculopathy is not clinically obvious. MTUS/ACOEM topics 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." The request for EMG/NCV is in accordance with MTUS/ACOEM guidelines.