

<b>Case Number:</b>	CM13-0057343		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/01/2013
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 Orthopedic Surgery 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 claimant is a 66-year-old female who sustained a low back injury with pain radiating to the knees in a work-related accident on April 1, 2013. The records provided for review included a clinical assessment dated November 6, 2013, by [REDACTED] noting continued complaints of low back pain radiating to the coccyx with spasm and tenderness to the paravertebral musculature. There is no documentation of neurologic findings. The recommendations for treatment at that time was for the purchase of an interferential unit, formal physical therapy, as well as a formal request for lower extremity electrodiagnostic studies. The report of a previous MRI scan showed disc protrusions at multiple levels from L2 through S1, with annular tearing and degenerative changes. This review is for electrodiagnostic test of the bilateral lower extremities to rule out nerve entrapment process.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ELECTROMYOGRAPHY (EMG) OF THE BILATERAL LOWER EXTREMITIES:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 303 AND 309.

**Decision rationale:** The MTUS/ACOEM Guidelines indicate that needle electromyography (EMG) and H-reflex tests to clarify nerve root dysfunction are recommended for the treatment of low back disorders. The Guidelines also indicate that 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 (3) or four (4) weeks. The records provided for review document that the claimant has chronic low back complaints, with no demonstration of compressive pathology on MRI. There is no documentation of physical examination findings that indicate a radicular process in the lower extremities. Based upon the prior imaging results and lack of physical findings indicating a radicular process, the medical records for review do not support the need for EMG studies of the lower extremities.

**NERVE CONDUCTION VELOCITY (NCV) OF THE BILATERAL LOWER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 303 AND 309.

**Decision rationale:** The MTUS/ACOEM Guidelines indicate that needle electromyography (EMG) and H-reflex tests to clarify nerve root dysfunction are recommended for the treatment of low back disorders. The Guidelines also indicate that 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 (3) or four (4) weeks. The records provided for review document that the claimant has chronic low back complaints, with no demonstration of compressive pathology on MRI. There is no documentation of physical examination findings that indicate a radicular process in the lower extremities. Based upon the prior imaging results and lack of physical findings indicating a radicular process, the medical records for review do not support the need for NCV studies of the bilateral lower extremities.