

<b>Case Number:</b>	CM13-0057629		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/27/2012
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	09/11/2013
<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 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, Pain Management 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 54 year old female who was injured on 6/27/12. According to the 9/4/13 report from [REDACTED], the patient presents with low back pain with numbness down the left leg. She had the 2nd LESI 4-weeks prior with only temporary relief. [REDACTED] requested EMG/NCV left and right lower extremities. The diagnoses includes lumbar sprain and lumbar disc bulge with radiculitis, s/p ESI. The MRI was reported to show spondylolisthesis of L4 on L5 and L4/5 disc herniation and L5/S1 disc narrowing with IVF encroachment. On 9/11/13, [REDACTED] UR denied the request for EMG/NCV bilateral lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV/EMG Left Lower Extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 5/10/13).

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

**Decision rationale:** The patient presents with persistent back pain radiating down the legs mostly on the right, despite the ESI that was performed 4-weeks prior. Exam findings included

positive seated SLR bilaterally, and the patient was not able to heel or toe walk. The MTUS/ACOEM guidelines state: "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 H-reflex is a part of the NCV, and the patient has had low back pain over 4 weeks. The request is in accordance with MTUS/ACOEM guidelines.

**NCV/EMG Right Lower Extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 5/10/13).

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

**Decision rationale:** The patient presents with persistent back pain radiating down the legs mostly on the right, despite the ESI that was performed 4-weeks prior. Exam findings included positive seated SLR bilaterally, and the patient was not able to heel or toe walk. The MTUS/ACOEM guidelines state: "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 H-reflex is a part of the NCV, and the patient has had low back pain over 4 weeks. The request is in accordance with MTUS/ACOEM guidelines.