

<b>Case Number:</b>	CM13-0059718		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/20/2006
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 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 40 year old female who was injured on 10/20/2006. The mechanism of injury is unknown. No specific documentation in regards to prior treatment history was submitted. Diagnostic studies were not submitted for review. The progress note dated 10/31/2013 documented the patient to have complaints of low back pain that has not changed. She is able to heel/toe walk without difficulty. Objective findings on examination of the thoracolumbar spine reveal there is a well healed midline surgical scar. There is mild tenderness to palpation at the L4-L5 level. The patient has mild provocative pain with the extremes of forward flexion/extension. Forward flexion is to 70 degrees, extension 10 degrees and left and right lateral rotation 25 degrees. There is no tenderness over the SI joint or sciatic notch. There is no nerve root tension signs with a negative straight leg raise test in the sitting and supine positions. Femoral stretch test is negative. Patrick's' test is negative. She has full motion of the hips, knees and ankles. The assessment displays lumbar disc disease with radiculopathy and ruled out peripheral neuropathy. The treatment plan is to obtain an EMG/NCV study of the right lower extremity to determine the nature of her dorsal foot pain in order to rule out any peripheral neuropathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV RIGHT LEG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment For Workers' Compensation, Online Edition, Chapter: Pain, Electrodiagnostic Testing (EMG/NCS).

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

**Decision rationale:** The progress note dated 10/31/2013 documented the patient to have complaints of low back pain that has not changed. The examination findings are essentially unremarkable, with no clinically significant findings to suggest neuropathy is present. In addition, the medical records do not include a history of treatment, as such; failure of recent conservative care has not been established. Consequently, the medical necessity of an NCV of the right leg has not been established under the guidelines.

**EMG RIGHT LEG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment For Workers' Compensation, Online Edition, Chapter: Pain Electrodiagnostic Testing (EMG/NCS)

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

**Decision rationale:** According to the guidelines, following a course of conservative therapy, an EMG study may be useful to obtain unequivocal evidence of radiculopathy. However, examination findings are essentially unremarkable, with no clinically significant findings to suggest radiculopathy is present. In addition, there does not appear to be documentation establishing the patient has failed to respond to conservative care, such as would include physical therapy/exercise with utilization of a self-directed home program, activity modification, and medication management. In the absence of correlating objective findings and documented failure of conservative measures, the medical necessity of the requested EMG study is not established under the guidelines. Therefore, medical necessity of EMG of the right leg has not been established.