

<b>Case Number:</b>	CM13-0066415		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/25/2013
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Occupational Medicine 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 29-year-old female who was injured on 04/25/2012. The patient slipped on a bubble hardwood floor and twisted. Prior treatment history has included physical therapy, epidural injection, and acupuncture and water therapy. She has been on medications such as Flexeril, Tylenol with Codeine, and Cymbalta. Diagnostic studies reviewed include EMG/NCS dated 12/10/2013 revealed a normal study of the right lower extremity. Needle EMG of the right lower extremity demonstrated no acute or chronic denervation. There was no evidence of right lumbar radiculopathy, lumbar plexopathy, or peripheral nerve injury; it should be kept in mind that radiculopathies, which do not cause significant root demyelination or axonal degeneration, are not detected by EMG and nerve conduction studies. Lumbar spine x-rays demonstrated loss of disc height that is moderately severe at the L5-S1, moderate at the L4-L5 and foraminal stenosis at the L5-S1. There is instability with flexion and extension. There is retrolisthesis of L5 on S1. Office note dated 11/14/2013 indicates the patient has been having lower back pain that has been radiating down both legs, much worse on the right. Standing can aggravate the symptoms. The pain is 7-8/10. The pain is dull and achy with spasms. There is numbness and tingling going to the big toe. Sleep, medicine, injections and changing positions help to reduce the pain. The patient already had a trial of physical therapy, epidural injection, water therapy and acupuncture with persistent symptoms. On examination, the patient is able to toe walk, heel walk and squat without too much difficulty. The back is very tender to palpation and there is increased pain with range of motion, especially extension, which brings on a lot of pain. Neurologic examination in the lower extremities show decreased sensation on the right L5 and S1 distribution. Motor is 5/5 throughout. Deep tendon reflexes are 2+ and symmetrical. There is a positive straight leg raise in the bilateral lower extremities. The patient has L5-S1 instability with bilateral sciatica and

decreased sensation on the right L5 and S1 distribution. The patient is recommended an MRI of the lumbar spine, EMG nerve conduction study for numbness in the right leg. The patient is instructed to follow-up after MRI.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **EMG LEFT LOWER EXTREMITY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** This is a request for left lower extremity EMG and bilateral lower extremity nerve conduction studies for a 29-year-old female with chronic low back pain due to a trip with twist of low back without fall on 4/25/12. The patient has failed prior conservative treatment. Prior workup includes lumbar MRI dated 8/9/12, which showed L4-5, L5-S1 disc herniation without nerve impingement, and EMG/NCS studies on February 19, 2013, which were essentially normal. While the patient has chronic complaints of low back pain with pain radiation and numbness to the lower extremities, right greater than left, including bladder dysfunction, radiculopathy is not established. Neurology AME's by [REDACTED] on February 19, 2013 and June 25, 2013 did not find evidence of radiculopathy. There has been no significant interval injury or change in patient complaints. EMG of the right lower extremity, which was recently authorized, was normal. Medical necessity is not established for further EMG/NCS.

#### **NCV OF THE LOWER EXTREMITIES: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Nerve Conduction Studies.

**Decision rationale:** The patient has failed prior conservative treatment. Prior workup includes lumbar MRI dated 8/9/12, which showed L4-5, L5-S1 disc herniation without nerve impingement, and EMG/NCS studies on February 19, 2013, which were essentially normal. While the patient has chronic complaints of low back pain with pain radiation and numbness to the lower extremities, right greater than left, including bladder dysfunction, radiculopathy is not established. Neurology AME's by [REDACTED] on February 19, 2013 and June 25, 2013 did not find evidence of radiculopathy. There has been no significant interval injury or change in patient complaints. EMG of the right lower extremity, which was recently authorized, was normal. Medical necessity is not established for further EMG/NCS.

