

<b>Case Number:</b>	CM13-0070175		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	05/11/2012
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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 Family Practice has a subspecialty in Pain Management 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:

70 yr. old female claimant sustained a work related injury on 5/11/12 resulting in chronic back pain. She had a diagnosis of degenerative lumbar disc disease and spinal stenosis. Since 2012 she had been taking hydrocodone (Norco or Vicodin) for pain. She had received epidural spinal injections and persisted with back pain for over a year. A progress note on 11/19/13 indicated 6/10 back pain with limited range of motion of the lumbar spine. The claimant was prescribed: Naproxen Prilosec and Hydrocodone (which he had been on for several months). A recent progress note from an Orthopedic surgeon on 12/17/13 documented 6/10 low back pain, tenderness in the lumbar spine and reduced range of motion. He also had persistent and new L5-S1 decreased sensation which was different from an EMG in 2012 which showed abnormalities in the L4-L5 region. The claimant was prescribed hydrocodone 7.5 mg # 60, Naproxen 550 mg # 60 and Prilosec 20 mg #60. An EMG/NCV was ordered as well.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 NCV/EMG OF BILATERAL LOWER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 182.

**Decision rationale:** According to the ACOEM Guidelines, Low Back Chapter, table 8-8 indicate that EMG is not recommended for identification of nerve root involvement if the physical and history are consistent. In this case the physical findings were consistent with the nerve root

dysfunction suspected. Additionally, since EMG is not supported neither is NCV. The request for an EMG/NCV of the bilateral lower extremities is not medically necessary and appropriate.

