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| <b>Case Number:</b>   | CM13-0071860 |                              |            |
| <b>Date Assigned:</b> | 01/08/2014   | <b>Date of Injury:</b>       | 09/27/2012 |
| <b>Decision Date:</b> | 04/23/2014   | <b>UR Denial Date:</b>       | 12/04/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/30/2013 |

### 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 39-year-old male who was injured on 09/27/2012 while picking something up, when he felt a pull on his back followed by immediate pain. Prior treatment history has included physical therapy which he reported did not help and medications which he stated does help to relieve the pain and symptoms. Progress report (PR2) dated 12/10/2013 documented the patient to have complaints of continued low back pain which radiated down to the groin and lower extremities with numbness and weakness. Objective findings of the lumbar spine revealed decreased mobility; straight leg raise was positive, right greater than left. There was tenderness to palpation along paraspinal musculature. The patient was diagnosed with lumbar spine strain/sprain and right groin strain/strain. PR2 dated 11/12/2013 indicated the patient to have decreased range of motion with tightness at the end range. There was hypertonicity and tenderness noted over paravertebral musculature; straight leg raise was positive.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG, NCV, BILATERAL LOWER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**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); Low Back, Electrodiagnostic studies (EDS).

**Decision rationale:** According to the MTUS and Official Disability Guidelines (ODG), EMG (electromyogram) and NCV (nerve conduction velocity) tests are recommended "when the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." "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 medical records do not provide a detailed description of subjective complaints with a thoroughly documented physical examination that demonstrates findings that would suggest a potential active lumbar radiculopathy involving a particular lumbar level. The guidelines state that if neurological examination is less clear, further evidence of nerve dysfunction should be obtained before obtaining an imaging study. However, the medical records do not include the results of neurological examination, and the medical records document that a MRI (magnetic resonance imaging) lumbar spine was obtained on 12/6/2013. The medical records do not document any objective findings suggestive of a neurological dysfunction. Based on these factors, the medical necessity of an EMG, NCV of the bilateral lower extremities has not been established.