

<b>Case Number:</b>	CM14-0000357		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	04/12/2013
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 35 year-old female with a date of injury 04/12/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 11/21/2013, lists subjective complaints as pain in the lumbar spine and bilateral legs. Objective findings during examination of the lumbar spine revealed decreased range of motion in all planes due to pain. Palpation of the lumbar paraspinal muscles revealed tenderness and hypertonicity bilaterally. The straight leg test was positive bilaterally. Sensation was normal in the L4 and L5 muscle groups bilaterally. Sensation was decreased on the right side and normal on the left side in the S1 muscle group. Diagnosis include: L5-S1 disc disease with annular tear and neuroforaminal narrowing. The patient has attended 18 physical therapy visits to date. An x-ray of the lumbar spine was performed on 04/12/2013 which revealed degenerative narrowing and spurring at L2-3, L3-4, L4-5 and L5-S1. An MRI of the lumbar spine was performed on 07/25/2013 which was notable for degenerative disc changes with annular tear multifocal disc displacement, resulting in mild bilateral nerve root canal encroachment.

### 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 Page(s): 308-310.

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

**Decision rationale:** According to the medical records, there are no findings on physical examination suggestive of obvious or subtle left lumbar radiculopathy. The ACOEM Guidelines state that 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. Such as, electromyography (EMG) left lower extremity is not medically necessary.

**NCV RIGHT LOWER EXTREMITY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS).

**Decision rationale:** According to the Official Disability Guidelines, nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. Such as, Nerve Conduction Velocity (NCV), right lower extremity, is not medically necessary.

**NCV LEFT LOWER EXTREMITY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS).

**Decision rationale:** According to the Official Disability Guidelines, nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. Such as, Nerve Conduction Velocity (NCV), left lower extremity, is not medically necessary.