

<b>Case Number:</b>	CM14-0000731		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	10/13/2007
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	12/20/2013
<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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 48 year old male who reported an injury on 10/13/2007 secondary to unknown mechanism of injury. The injured worker was evaluated on 12/03/2013 for reports of right ankle pain rated at 8/10, right knee pain rated at 6/10 and low back pain rated at 7/10 with lower extremity symptoms. The exam noted hyperalgesia to right ankle, hyperesthesia from 5cm proximal to ankle distally with diffuse motor deficit and limited range of motion to the lumbar region. The diagnoses included ruling out lumbar interdiscal component, radiculopathy or early sympathetically maintained pain syndrome to the right lower extremity. The treatment plan included MRI and EMG/NCV. The request for authorization dated 12/16/2013 in the documentation provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG OF THE 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): 303-305.

**Decision rationale:** The California MTUS/ACOEM Guidelines state 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; however, there is evidence of a prior EMG on 04/12/2013. The documentation provided shows no evidence of changes since the prior EMG or objective findings to indicate nerve compromise or response to conservative therapies such as physical therapy or medications. Therefore, based on the documentation provided, the request is not medically necessary.

**NCS OF THE BILATERAL 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).

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

**Decision rationale:** The Official Disability Guidelines do not recommend nerve conduction studies in the lower extremities. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Furthermore, there is evidence of a prior NCS on 04/12/2013. The documentation provided shows no evidence of changes since the prior NCS or objective findings to indicate nerve compromise or response to conservative therapies such as physical therapy or medications. Therefore, based on the documentation provided, the request is not medically necessary.