

<b>Case Number:</b>	CM14-0008808		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	07/16/2012
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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 Orthopedic Surgery, has a subspecialty in Sports Medicine and is licensed to practice in Pennsylvania. 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 claimant is a 60-year-old female who developed acute low back complaints related to a fall at work on July 16, 2012. The report of an MRI of the lumbar spine dated October 5, 2012 identified a disc protrusion at L4-5 with an annular tear and desiccation abutting the exiting L5 nerve root. There was no documentation of prior surgical history. The assessment of February 12, 2014 noted ongoing complaints of low back pain, persistent in nature, with radiating pain into the lower extremities and numbness in the legs. Physical examination showed diffusely diminished sensation from L1 through S1 in a dermatomal fashion, equal and symmetrical reflexes and full motor strength. Conservative care has included epidural injections, home exercises, physical therapy and medication management. Working assessment was that of lumbar disc protrusion/herniation L4-5 and L5-S1 with residual lower extremity complaints. This is a request for electrodiagnostic studies of the lower extremities. The records provided for review document that prior electrodiagnostic studies were performed for the upper extremities only.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ELECTROMYOGRAPHY/NERVE CONDUCTION VELOCITY STUDY FOR THE BILATERAL LOWER EXTREMITIES:** Overturned

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

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

**Decision rationale:** Based on California ACOEM Guidelines, electrodiagnostic studies of the lower extremities would be supported. The claimant has a sensory deficit to the lower extremities bilaterally with documentation of compressive findings on prior imaging. ACOEM Guidelines recommend obtaining electrodiagnostic studies in the setting of continued neurologic findings after a course of conservative care. The request for the testing would be supported for further assessment of this claimant's ongoing and chronic lower extremity complaints.