

<b>Case Number:</b>	CM14-0106779		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	12/27/2013
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 and Rehabilitation has a subspecialty in Interventional Spine 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 44 years old female with an injury date on 12/27/2013. Based on the 05/27/2014 progress report provided by [REDACTED], the diagnoses are: 1. Lower back pain. 2. Annular tear lumbar spine, facet hypertrophy, central canal narrowing. 3. Radiculopathy bilateral lower extremities. According to this report, the patient complains of moderate to severe lower back pain with sharp shooting pain. Tenderness and spasm are noted at the paralumbar musculature. Lumbar range of motion is restricted in extension and bilateral lateral bending with pain. Positive straight leg raise is noted. There were no other significant findings noted on this report. The utilization review denied the request on 06/06/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 12/27/2013 to 06/05/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One Electromyography of the bilateral lower extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Compensation, Online Edition Chapter: Low Back.

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

**Decision rationale:** According to the 05/27/2014 report by [REDACTED] this patient presents with moderate to severe lower back pain with sharp shooting pain. The treater is requesting electromyography of the bilateral lower extremities. Review of the reports do not show any evidence of EMG being done in the past. Regarding electrodiagnostic studies of lower extremities, ACOEM states "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." In this case, patient presents with persistent sharp shooting pain and electrodiagnostic studies are appropriate to differentiate radiculopathy vs peripheral neuropathy. Recommendation is for authorization.

**One Nerve Conduction Velocity Study 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 Treatment in Workers' Compensation, Online Edition Chapter: Low Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC guidelines, low back chapter online.

**Decision rationale:** According to the 05/27/2014 report by [REDACTED] this patient presents with moderate to severe lower back pain with sharp shooting pain. The treater is requesting nerve conduction velocity study of the bilateral lower extremities. Review of the reports do not show any evidence of NCV being done in the past. Regarding electrodiagnostic studies of lower extremities, ACOEM supports EMG and H-reflex. However, ODG does not support NCV studies for symptoms that are presumed to be radicular in nature. Recommendation is for denial.