

<b>Case Number:</b>	CM14-0012934		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	12/24/2010
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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, and is licensed to practice in Texas. 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 38 year old female who sustained an injury on 12/24/11 while pushing a cart of french fries. The injured worker developed complaints of low back pain. The injured worker's prior treatment has included the use of medications such as antiinflammatories and antidepressants. The injured worker has also received psychiatric treatment for complaints of depression and anxiety. There were recommendations for epidural steroid injections for the lumbar spine. The clinical report from 12/03/13 noted persistent complaints of pain in the lumbar spine radiating to the lower extremities with associated numbness and tingling. On physical examination, there was tenderness to palpation noted in the lumbar spine. Sensory loss in an L5-S1 distribution was noted. Follow up on 01/07/14 noted no change in the injured worker's physical examination. Follow up on 01/14/14 noted continuing complaints of low back pain. The injured worker did note ongoing depression and anxiety symptoms. The injured worker was recommended to increase Cymbalta to 30mg at night. There were further recommendations regarding epidural steroid injections. The requested electrodiagnostic studies to include EMG and NCS for the lower extremities was denied by utilization review on 01/08/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ELECTROMYOGRAPHY /NERVE CONDUCTING VELOCITY BILATERAL LOWER EXTREMITIES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 12 (LOW BACK COMPLAINTS),

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** In regards to the requested electrodiagnostic studies for the lower extremities to include EMG and NCS, this reviewer would not have recommended certification for the request. The injured worker has been followed for persistent complaints of low back pain radiating to the lower extremities. The injured worker's recent physical examination findings noted sensory loss in an L5-S1 distribution. In review of the clinical documentation provided, there was no indication of any recent MRI studies of the lumbar spine that were either non-diagnostic for neurocompressive pathology or identified findings that did not correlate well with the injured worker's physical examination findings. The most recent clinical documentation did not indicate the presence of any symptoms suspicious for peripheral neuropathy. Given the lack of any indications for EMG to clarify a diagnosis of lumbar radiculopathy and as there are no indications for the use of nerve conduction studies in the assessment for radiculopathy, this reviewer would not have recommended certification for the request.