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| <b>Case Number:</b>   | CM14-0014998 |                              |            |
| <b>Date Assigned:</b> | 02/28/2014   | <b>Date of Injury:</b>       | 03/20/2013 |
| <b>Decision Date:</b> | 07/07/2014   | <b>UR Denial Date:</b>       | 02/04/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/06/2014 |

### 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 Neurology 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 49-year-old male who reported injury on 03/20/2013. The mechanism of injury was motor vehicle accident. The documentation of 01/08/2014 revealed the injured worker had complaints of low back pain that radiated into the bilateral lower extremities. The physical examination of the lumbosacral spine indicated the injured worker had decreased range of motion. The injured worker's straight leg raise was positive on the left at 60 degrees, with radiating pain at the S1 dermatome. The straight leg raise was positive on the right in a seated position, yielding low back and left buttock pain. The Patrick's test was positive bilaterally for sacroiliitis. The sensory examination was reduced to light touch sensation at the left S1 dermatome and there was equivocal potential loss on the right leg, lateral thigh, and anterolateral leg. The motor strength examination revealed 5-/5 strength in the ankle plantar flexors on the left. The deep tendon reflexes were 1+ in the ankle jerk on the left. The diagnostic testing included an MRI of the lumbar spine on 08/21/2013, which revealed a disc bulge at L4-5 of 2 mm with a small central annular tear with an interval enlargement when compared to the prior films of the far left lateral and foraminal broad base disc protrusion extending 8 mm beyond the vertebral body margin. The left L4 nerve root was superior to the protruded disc in the neural foramina, and normal in size and signal. It was indicated there was a bulging disc at L5-S1, and the bulging disc abutted the left emerging S1 root in the narrow lateral recess. Diagnoses included low back pain with clear evidence for left S1 radiculopathy. The treatment plan included a reconsideration for a lumbar epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG FOR THE LEFT LOWER EXTREMITY/LOW BACK: 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:** ACOEM states 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. There should be documentation of 3 - 4 weeks of conservative care and observation. There was no clinical documentation including a DWC Form, Request for Authorization, nor PR-2 submitted for the requested service. There was a lack of documentation indicating the injured worker had 3 to 4 weeks of conservative care and observation. Additionally, the injured worker had obvious radiculopathy. There was a lack of documentation indicating a necessity for an EMG given the obvious radiculopathy. There was no DWC form RFA or PR-2 submitted for the requested service. Given the above, the request for EMG for the left lower extremity/low back is not medically necessary.

**NCV OF THE LEFT LOWER EXTREMITY/LOW BACK: 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) Low Back Chapter, Nerve conduction studies (NCS).

**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 Chapter, Nerve conduction studies (NCS).

**Decision rationale:** The Official Disability Guidelines do not recommend NCS as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. There was no DWC form RFA or PR-2 submitted for the requested service. There was no documentation of peripheral neuropathy condition that exists in the bilateral lower extremities. There was no documentation specifically indicating the necessity for both an EMG and NCV. Given the above, the request for an NCV of the left lower extremity/low back is not medically necessary.