

<b>Case Number:</b>	CM14-0017620		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	09/10/2013
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 40 year old female who reported an injury on 09/10/2013. The physical evaluation on 09/10/2013 with a diagnosis of a lumbar sprain, back pain, and back muscle spasms. The injured worker has had Chiropractic care, rehabilitation and acupuncture with use of acetaminophen and tramadol. The injured worker had a physical evaluation with orthopedics on 10/17/2013 with physical findings of negative straight leg raise at 90 degrees, sensation examination is intact to light touch, pinprick and two point discrimination in all dermatomes in the bilateral lower extremities and 2+ deep tendon reflex examination bilateral; the injured worker reported no use of pain medication at this visit. An MRI on 10/24/2013 found degenerative spondylosis at L4-L5 and L5-S1 with small disc extrusion at L4-L5 and disc protrusion at L5-S1 with no findings of spinal canal or neural foraminal stenosis. A physical evaluation on 02/27/2014 requested an EMG and NCV as well as a prescription for #60 Anaprox ds 550mg. There was no request for authorization form submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 EMG 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, LOW BACK - LUMBAR & THORACIC (ACUTE & CHRONIC).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 300-307.

**Decision rationale:** The request for 1 EMG of the bilateral lower extremities is not medically necessary. American College of Occupational and Environmental Medicine 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. The injured worker has negative straight leg raise at 90 degrees and 2+ deep tendon reflexes bilateral. There is no documentation to support radiculopathy as evidenced by a physical evaluation on 10/17/2013. Therefore, the request for 1 EMG of the bilateral lower extremities is not medically necessary.

**1 NCV 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, LOW BACK - LUMBAR & THORACIC (ACUTE & CHRONIC).

**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.

**Decision rationale:** The request for 1 NCV of the bilateral lower extremities is not medically necessary. The injured worker has no documented symptoms of numbness, tingling or burning. There is no documentation of neuropathy. The Official Disability Guidelines states that NCV are not recommended as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. There is a lack of documentation to suggest a diagnosis of peripheral neuropathy. Therefore, the request for NCV of the bilateral lower extremities is not medically necessary.