

<b>Case Number:</b>	CM14-0178954		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	01/15/2014
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 & Rehabilitation and is licensed to practice in New York. 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 53-year-old male who reported an injury on 01/15/2014 while working as a sale and distributing person. He had to bend, lift, and squat repetitively. He bent over and felt pain to the back. The diagnoses included lumbar spine strain within degenerative disc disease; lumbar radiculopathy; compression fracture at the L1, L2, and L3. The past treatments included 8 to 9 visits of physical therapy, medication, and epidural steroid injections. The examination of the lumbar spine dated 08/26/2014 revealed normal gait; able to walk on heels and toes; ambulated without assistance of crutch or cane; no loss of normal lumbar lordosis or other abnormal curvatures; no visible deformities or step off; positive for muscle spasms along the lower lumbar spine. The patient had tenderness to palpation over the paraspinal musculature; no tenderness to the spinous process; no tenderness noted to the bilateral sacroiliac joints; no tenderness to palpation over the piriformis/gluteus bilaterally. Examination of the bilateral knees revealed normal findings. Neurological examination revealed no abnormal findings. Prior surgeries included a lumbar fusion in 1999. The MRI of the lumbar spine dated 02/13/2014 revealed multilevel degenerative changes that were severe changes indicating severe spinal stenosis at the L4-5. The treatment plan included electromyogram to the bilateral extremities and nerve conduction study to the bilateral extremities. The Request for Authorization dated 11/03/2014 was submitted within documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG) of the left 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 (ODG), Low Back Chapter

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

**Decision rationale:** The request for electromyography (EMG) of the lower extremity is not medically necessary. The California MTUS/ACOEM Guidelines state that an electromyography may be useful to identify subtle, focal neurologic dysfunction in injured workers with low back symptoms lasting more than 3 or 4 weeks. There was a lack of neurological deficits pertaining to the lumbar spine documented. The clinical note revealed low back pain with radiation to lower bilateral extremities. However, there is no evidence of a positive straight leg raise, sensation, motor strength, or reflex deficits. There is no indication of failure of conservative care treatment to include physical therapy. As such, the request is not medically necessary.

**Nerve Conduction Velocity (NCV) Test of the Left 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 (ODG), Low Back Chapter

**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, NCV

**Decision rationale:** The request for nerve conduction velocity test on the left lower extremity is not medically necessary. The Official Disability guidelines state that an NCV is not recommended. 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 indicating positive provocative testing indicating pathology to the lumbar that revealed lack of functional deficits. The clinical note revealed low back pain with radiation to lower bilateral extremities. However, there is no evidence of a positive straight leg raise, sensation, motor strength, or reflex deficits. There is no indication of failure of conservative care treatment to include physical therapy and medication management. Furthermore, the guidelines do not recommend NCV for lower extremity. As such, the request is not medically necessary.

**EMG of the Right 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 (ODG), Low Back Chapter

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

**Decision rationale:** The request for electromyography (EMG) of the lower extremity is not medically necessary. The California MTUS/ACOEM Guidelines state that an electromyography may be useful to identify subtle, focal neurologic dysfunction in injured workers with low back symptoms lasting more than 3 or 4 weeks. There was a lack of neurological deficits pertaining to the lumbar spine documented. The clinical note revealed low back pain with radiation to lower bilateral extremities. However, there is no evidence of a positive straight leg raise, sensation, motor strength, or reflex deficits. There is no indication of failure of conservative care treatment to include physical therapy. As such, the request is not medically necessary.

**NCV of the Right 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 (ODG), Low Back Chapter

**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, NCV

**Decision rationale:** The request for the NCV of the right lower extremity is not medically necessary. The Official Disability guidelines state that an NCV is not recommended. 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 indicating positive provocative testing indicating pathology to the lumbar that revealed lack of functional deficits. The clinical note revealed low back pain with radiation to lower bilateral extremities. However, there is no evidence of a positive straight leg raise, sensation, motor strength, or reflex deficits. There is no indication of failure of conservative care treatment to include physical therapy and medication management. Furthermore, the guidelines do not recommend NCV for lower extremity. As such, the request is not medically necessary.