

<b>Case Number:</b>	CM14-0038696		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	05/17/2013
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 Family Medicine and is licensed to practice in New Hersey. 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 worker is a 49 year old male who was injured on 5/17/2013. He was diagnosed with low back pain, lumbar radiculopathy, knee sprain, hip sprain, and myofascial pain. He was treated with sacroiliac joint injections, chiropractor treatments, physical therapy, back support, and medications. On 12/16/2013, the worker was seen by his orthopedic and primary treating provider reporting not working since his injury and experiencing hip and knee pain as well as lower back pain rated at 8/10 on the pain scale, which was described as sharp and shooting and travelled to his hips and legs and associated with episodes of numbness and tingling in his legs and feet. The pain medication did not provide much relief of this pain, he reported. Lumbar examination revealed tenderness of th paravertebral muscles and the spinous processes, nontender in the sciatic notch and flank areas, negative FABER test bilaterally, and decreased sensation along left L3 and L4 dermatomes. He was then recommended lumbar MRI and electrodiagnostic studies of the lower extremities so as to consider epidural injections if appropriate and started him on Norco, Prilosec, Neurontin, Lexapro, topical analgesics, and Xanax.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG(Electromyography) BLE(Bilateral Lower extremities):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The MTUS ACOEM Guidelines state that for lower back complaints, nerve testing may be considered when the neurological examination is less clear for symptoms that last more than 3-4 weeks with conservative therapy. In the case of this worker, he had completed a period of conservative care with limited benefits and persisted to experience chronic pain with subjective lumbar pain with radiation to legs. Although previous examinations were not clear with objective evidence of this, the progress note from the new primary treating provider's office showed the objective evidence of lumbar radiculopathy more clearly. Considering the differences in examination findings, it seems reasonable to clarify this with nerve testing, in the opinion of the reviewer. Therefore, EMG testing for both left and right lower extremities seems reasonable and medically appropriate and necessary in this situation.

**NCV(nerve conduction velocity) BLE(bilateral lower extremities):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The MTUS ACOEM Guidelines state that for lower back complaints, nerve testing may be considered when the neurological examination is less clear for symptoms that last more than 3-4 weeks with conservative therapy. In the case of this worker, he had completed a period of conservative care with limited benefits and persisted to experience chronic pain with subjective lumbar pain with radiation to legs. Although previous examinations were not clear with objective evidence of this, the progress note from the new primary treating provider's office showed the objective evidence of lumbar radiculopathy more clearly. Considering the differences in examination findings, it seems reasonable to clarify this with nerve testing, in the opinion of the reviewer. Therefore, NCV testing for both left and right lower extremities seems reasonable and medically appropriate and necessary in this situation.