

<b>Case Number:</b>	CM14-0038869		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	01/13/2011
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	03/07/2014
<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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 58 year old female who sustained an injury on 01/13/11 due to a trip and fall, injuring her head right shoulder, leg, knee, and calf. The injured worker described a loss of consciousness following the accident. The injured worker was initially taken to the emergency room however imaging was reported as negative. The injured worker was given pain injection. Prior treatment included physical therapy and medications. The injured worker also developed concurrent psychological symptoms due to ongoing chronic pain for which she was being seen by a psychologist. The injured worker had prior polysomnography studies with unclear results. No surgical history was identified other than appendectomy. Medications included Clonidine Zanaflex tramadol Ketoprofen topical ointment and proton pump inhibitors. The clinical record from 02/14/14 noted continuing pain in the low back radiating to the right lower extremity. There was spasms and tenderness to palpation over L4-5 and L5-S1 lumbar facets. The range of motion was restricted in all planes of the lumbar spine. Sensation was decreased to light touch to the right at L5. Recommendation was for electrodiagnostic studies including electrodiagnostic studies (EMG/NCV) of lower extremities. The follow up on 03/05/14 noted no change in continuing complaints of low back pain or pain radiating to the right lower extremity. Physical examination findings remained unchanged. The injured worker had a prior MRI of the lumbar spine however this was not available for review. The requested EMG/NCV for the lower extremities was denied by utilization review on 03/07/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG (Electromyography Study) of the bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 303-305.

**Decision rationale:** The injured worker has no history of any conditions that would reasonably contribute to peripheral neuropathy. Physical examination findings noted loss of sensation in L5 distribution. Given the lack of any imaging results for the lumbar spine that was unable to clearly identify contributory pathology for the radicular complaints, electrodiagnostic studies to include EMG would not be supported as medically necessary. Such as, an EMG (Electromyography Study) of the bilateral lower extremities is not medically necessary.

**NCV (Nerve Conduction Velocity) study of the bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 303-305.

**Decision rationale:** The injured worker has no history of any conditions that would reasonably contribute to peripheral neuropathy. Physical examination findings noted loss of sensation in L5 distribution. Given the lack of any imaging results for the lumbar spine that was unable to clearly identify contributory pathology for the radicular complaints, electrodiagnostic studies to include EMG would not be supported as medically necessary. Such as, an EMG (Electromyography Study) of the bilateral lower extremities is not medically necessary.