MAXIMUS Federal Services

| Case Number: | CM14-0051960 | | |
|---|---|---|---|
| Date Assigned: | 07/07/2014 | Date of Injury: | 02/11/2014 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 03/31/2014 |
| Priority: | Standard | Application Received: | 04/18/2014 |

## 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 and Rehabilitation and is licensed to practice in 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 records presented for review, indicate that this 47-year-old male was reportedly injured on 2/11/2014. The mechanism of injury was noted as a lifting injury. The most recent progress notes, dated 3/24/2014 and 4/15/2014, indicate that there were ongoing complaints of low back pain and left lower extremity pain, numbness, tingling and weakness. Physical examination demonstrated tenderness of the lumbosacral junction and left buttock with muscle spasms, limited lumbar range of motion, and numbness in a S1 distribution, motor strength: Left hip flexion 3/5, extensor Hallucis Longus (EHL) 2/5, plantar flexion 4-/5. Deep tendon reflexes 1+ knee and absent at ankles. Plain radiographs of the lumbar spine, dated 4/15/2014, demonstrated multilevel degenerative disease. MRI of the lumbar spine, dated 2/24/2014, demonstrated several disk bulges, disk space narrowing, facet arthropathy, ligament flavum thickening and epidural fat throughout the lumbar spine with moderate to severe thecal sac & lateral recess stenosis at L3-L4, L4-L5 and L5-S1; 6 millimeter central disk extrusion at L4-L5. Previous treatment included physical therapy, massage therapy, medications and a lumbar epidural steroid injection. A request was made for bilateral electromyography diagnostic study (EMG/NCV) Electromyogram/ Nerve conduction velocity and was not certified in the utilization review on 3/31/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**BLE EMG/NCS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurological dysfunction in patients where a computed tomography (CT) or MRI is equivocal, and there were ongoing lower extremity symptoms. The injured worker has signs and symptoms consistent with a radiculopathy. A recent MRI documents pathology, and lumbar spine surgery has been recommended. Therefore, an EMG/NCS of the lower extremities would not change the current treatment recommendations and the Bilateral EMG/NCS (Electromyogram/ Nerve conduction velocity) is not medically necessary is not medically necessary.