

<b>Case Number:</b>	CM14-0060552		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	07/02/2013
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 injured worker is a 48-year-old male who was reportedly injured on 7/2/13. The mechanism of injury was lifting. The most recent progress note, dated 1/21/14, indicated that there were ongoing complaints of low back pain. There was positive tenderness to palpation bilaterally of the paraspinal muscles and muscle spasm noted. There was positive straight leg on the right 60. Slightly diminished sensation to light touch and pinprick in the right L4 nerve root distribution. Diagnostic imaging included a magnetic resonance image of the lumbar spine performed on 8/21/13, which revealed L4-L5 disc bulge with right neural foraminal stenosis and right L4 nerve root impingement. Previous treatment included physical therapy, chiropractic care, medications, and acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG NCV LEFT LOWER EXTREMITY:** 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:** The guidelines support electromyography (EMG), including H-reflex tests, stating it may be useful to identify subtle, focal neurological dysfunction in patients with low

back symptoms lasting more than three or four weeks. However, nerve conduction velocities (NCVs) of the lower extremity were not recommended with a diagnosis of low back pain or radiculopathy. Therefore, this procedure including both EMG and NCV is deemed not medically necessary.