

<b>Case Number:</b>	CM14-0080679		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	12/06/2001
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 Physical Medicine & Rehabilitation, and is licensed to practice in California. 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: This 48 year-old patient sustained an injury on 12/6/2001 from changing an auger drill while employed by Dillingham Construction. Request(s) under consideration include EMG/NCS for Bilateral Legs. The patient is s/p C5-6 herniation with disc replacement at C4-5 and C5-6 on 6/29/12. Medications list Ambien, Benadryl, Magnesium, Oxycodone, Psyllium, and Senna. MRI of the lumbar spine dated 10/21/13 showed mid superior endplate with mild compression deformity to L4 with edema suggestive of acute/sub-acute nature and degenerative disc disease with disc bulge, canal or neural foraminal stenosis. Report of 4/16/14 from the provider noted the patient with ongoing chronic pain complaints rated at 9-10/10 with numbness and tingling at C6 and C8 distribution; weakness in legs with some numbness in bilateral feet; there is noted loss of bladder control when lying down. Exam showed normal reflexes in upper and lower extremities except for knees with hyper-reflexive with no clonus; motor strength of 5/5 throughout all muscle groups of upper and lower extremities except for thigh quadriceps; intact sensation except for ulnar fingers to elbow and feet, lateral calf and groin. Request(s) for EMG/NCS for Bilateral Legs was partially-certified for EMG for bilateral legs only on 5/12/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCS for Bilateral Legs:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (Web), 2013, Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** This 48 year-old patient sustained an injury on 12/6/2001 from changing an auger drill while employed by Dillingham Construction. Request(s) under consideration include EMG/NCS for Bilateral Legs. The patient is s/p C5-6 herniation with disc replacement at C4-5 and C5-6 on 6/29/12. Medications list Ambien, Benadryl, Magnesium, Oxycodone, Psyllium, and Senna. MRI of the lumbar spine dated 10/21/13 showed mid superior endplate with mild compression deformity to L4 with edema suggestive of acute/sub-acute nature and degenerative disc disease with disc bulge, canal or neural foraminal stenosis. Report of 4/16/14 from the provider noted the patient with ongoing chronic pain complaints rated at 9-10/10 with numbness and tingling at C6 and C8 distribution; weakness in legs with some numbness in bilateral feet; there is noted loss of bladder control when lying down. Exam showed normal reflexes in upper and lower extremities except for knees with hyper-reflexive with no clonus; motor strength of 5/5 throughout all muscle groups of upper and lower extremities except for thigh quadriceps; intact sensation except for ulnar fingers to elbow and feet, lateral calf and groin. Request(s) for EMG/NCS for Bilateral Legs was partially-certified for EMG for bilateral legs only on 5/12/14. MRI of the lumbar spine has no evidence for disc herniation, canal or neural foraminal stenosis. Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, or entrapment neuropathy medical necessity for EMG and NCV have not been established. Submitted reports have not demonstrated any radicular symptoms or clinical findings to suggest any lumbar radiculopathy or entrapment syndrome, only with continued diffuse pain and muscle weakness without specific consistent myotomal or dermatomal correlation to support for Electrodiagnostic for a patient s/p cervical spine surgery. The NCS for Bilateral Legs is not medically necessary and appropriate.