

<b>Case Number:</b>	CM14-0096913		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	05/31/2013
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 29-year-old male who was reportedly injured on May 31, 2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated April 23, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated a well-developed, well-nourished individual with a normal gait pattern. There were a normal kyphosis, normal lordosis, with no evidence of ecchymosis, abrasions or inflammation. There were tenderness to palpation and some muscle spasm noted. A limited range of motion was also reported. Deep tendon reflexes were equal bilaterally. Diagnostic imaging studies objectified a minor 1mm to 2mm posterior disk bulge with no evidence of canal stenosis or narrowing. Bilateral pars defects were reported. Previous treatment included functional restoration protocol. A request was made for electromyogram and nerve conduction velocity of the bilateral lower extremities and was not certified in the pre-authorization process on June 13, 2014.

### 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): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 8, 62-63. Decision based on Non-MTUS Citation AMA Guides to the Evaluation of Permanent Impairment, 5th ed, Chicago, Ill, AMA Press, 2001, Pages 382-383.

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

**Decision rationale:** As outlined in the American College of Occupational and Environmental Medicine guidelines, the 1st requirement for obtaining electrodiagnostic studies are recommended where a computed tomography or magnetic resonance image is equivocal and there are ongoing pain complaints and that raises questions about whether there may be a neurological compromise. The magnetic resonance image clearly established that there is a minimal disc change and no evidence of a stenosis or nerve root compromise. Furthermore, the physical examination is nonspecific for a nerve root compromise. Therefore, based on the clinical information presented in the most recent progress notes, the medical necessity has not been established.

**NCV (Nerve Conduction Velocity) BLE (Bilateral Lower Extremities):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 8, 62-63. Decision based on Non-MTUS Citation AMA Guides to the Evaluation of Permanent Impairment, 5th ed, Chicago, Ill, AMA Press, 2001, Pages 382-383.

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

**Decision rationale:** As outlined in the American College of Occupational and Environmental Medicine guidelines, the 1st requirement for obtaining electrodiagnostic studies are recommended where a computed tomography or magnetic resonance image is equivocal and there are ongoing pain complaints and that raises questions about whether there may be a neurological compromise. The magnetic resonance image clearly established that there is a minimal disc change and no evidence of a stenosis or nerve root compromise. Furthermore, the physical examination is nonspecific for a nerve root compromise. Therefore, based on the clinical information presented in the most recent progress notes, the medical necessity has not been established.