

<b>Case Number:</b>	CM15-0000060		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	05/29/2009
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 53-year-old male who reported an injury on 05/29/2009. The mechanism of injury was not submitted for review. The injured worker has diagnoses of status post left shoulder surgery, L1-2 laminectomy and Microdiscectomy, AC joint arthritis of the left shoulder, L4 to S1 annular tear with facet arthropathy, left shoulder impingement syndrome, bilateral hip degenerative joint disease, depression, status post right handed L1 to L3 laminectomy, L1-2 extruded disc herniation, annular tears at L1 to S1, and L1-2 and L2-3 moderate lumbar stenosis. Past medical treatment consists of surgery, spinal cord stimulator, and medication therapy. Medications include Colace, Dilaudid, Miralax, Zanaflex, Prilosec, Lidoderm, Pristiq, hydroxyzine, meloxicam, and fentanyl. On 12/18/2013, the injured worker underwent an MRI of the lumbar spine which revealed postsurgical changes at L2-3 laminectomy. There was lumbar spondylosis at L1-2 through L5-S1. L1-2 revealed a 3.5 mm posterior central disc protrusion with extruded disc tracking superiorly behind the L1 vertebrae. There was posterior osteophyte disc complex at L2-3, L3-4, L4-5, and L5-S1. On 12/02/2014, the injured worker was seen in a follow-up appointment and complained of pain and numbness in the left upper extremity and pain in the right upper extremity which she rated at 4/10 to 5/10 without medication and 2/10 with medication. The injured worker also complained of low back pain which she rated at a 10/10 on VAS without medication and 5/10 with medication. Physical examination of the lumbar spine revealed tenderness to palpation over the lumbar paravertebral muscles, bilaterally, and over the midline lower lumbar spine. There was evidence of tenderness over the sacroiliac joint bilaterally. It was also noted on examination that there was decreased sensation over the

left L3 and right L4 dermatome distribution. Motor strength examination revealed 4/5 bilaterally in all planes. Straight leg raise was negative bilaterally at 90 degrees. The medical treatment plan is for the injured worker to undergo EMG/NCV of the bilateral lower extremities. The rationale and Request for Authorization Form were not submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**EMG/NCV (bilateral lower extremities): 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), Low Back Lumbar & Thoracic (Acute & Chronic), EMGs, and NCS.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The request for EMG/NCV (bilateral lower extremities) is not medically necessary. The California MTUS/ACOEM and the ODG guidelines recommend that EMG (electromyography), including H-reflex test, may be useful to identify subtle focal neurological dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. The records indicate subjective, objective and radiological findings consistent with the diagnosis of lumbar radiculopathy. The guidelines did not support the use of EMG/NCV studies when the radiculopathy have already been diagnosed clinically. As such, the request for EMG/NCV (bilateral lower extremities) is not medically necessary.