

<b>Case Number:</b>	CM15-0141333		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	07/09/2012
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 33-year-old male who sustained an industrial injury on July 09, 2012. The worker noted being employed stripping and waxing floors. The accident was described as while kneeling and scraping wax from underneath a vending machine, he experienced a little pinch of pain in the back. A recent primary treating office visit dated June 29, 2015 reported subjective complaint of continued back pain to hip and leg, occasional weakness, tripping involving the left foot with numbness. The following diagnoses were applied: degenerative disc disease lumbosacral, and sciatica. The plan of care noted recommending a diagnostic nerve conduction study to be performed of the left upper extremity to determine the extent of radiculopathy as well as to see if an injection would benefit the worker. He is prescribed a modified work duty. At a follow up dated May 28, 2015, there was mention that the worker had weaned himself from extensive amount of Hydrocodone he was requiring, and is now with noted increased pain. He was prescribed Ibuprofen 800mg. He should also have an updated magnetic resonance imaging (MRI) scan and surgical consultation. There is recommendation to remain temporarily totally disabled for 6 weeks pending MRI. He was then prescribed Tylenol #3 1-2 tablets every 4-6 hours as needed. On June 19, 2015, he underwent a MRI that showed discogenic disease with minimal broad-based disc bulging at L4-5 barely flattening the thecal sac; only minimal disc bulging at L5-S1; neural foraminal encroachment is minimal bilaterally at L2-3 and mild bilaterally at L3-4 and L4-5; facet degenerative changes are minimal at L1-2 and mild at L2-3.

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

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

**Office visit for EMG/NCV:** Overturned

**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 Page(s): 309.

**Decision rationale:** According to the guidelines, an EMG is recommended to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection. It is not recommended for the diagnoses of nerve root involvement if history and physical exam, and imaging are consistent. An NCV is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. In this case, the MRI does not indicate nerve encroachment but the exam findings indicate numbness and weakness. The EMG/NCV is appropriate in distinguishing situations of ambiguity and is medically necessary.