

<b>Case Number:</b>	CM15-0189153		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	07/09/2010
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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 59 year old male, who sustained an industrial injury on 7-9-10. The injured worker was diagnosed as having status post lumbar fusion. Treatment to date has included medications. Diagnostics studies included X-rays lumbar spine (6-11-15). Currently, the PR-2 notes dated 8-5-15 is hand written by this provider. It is difficult to decipher. The note appears to indicate the injured worker complains of left leg pain and positive for numbness and tingling as well as low back pain; paraspinal tender to palpation with positive spasms and tender to palpation over the sciatic notch. Bilateral positive straight leg raise, decreased norm - 15 degrees all planes, positive for a surgical scar; status post lumbar spine fusion in 2012; morbid obesity, chronic low back pain with radiculopathy. He will await an authorization for a CT, EMG-NCV lower bilateral extremities. PR-2 notes dated 4-1-15 are also hand written and were relatively same complaints and treatment plan with the exception of requesting a back brace; Bariatric consult as well as CT, EMG-NCV and continue pain management. PR-2 not dated 4-15-15 is typed and easily legible. The notes indicate the injured worker was n this office as a follow-up of her complains of pain to the low back and left lower extremity. The notes indicate the injured worker is awaiting authorization for EMG-NCV study as well as MRI of the lumbar spine. She is requesting a lumbar support back brace and reports difficulty getting approval for her pain medication last month. She reports she broke her tablets in had to make them last. She has difficulty with ambulation due to pain to the left lower extremity. She is 89.8 kilograms with BMI 42.85. The provider "Gait-antalgic documented the physical examination. Lumbar spine-tenderness, range of motion: moderately reduced; keeps her left lower extremity elevated for comfort; motor-normal." X-rays dated 6-11-115 of the lumbar spine reveals:

"Stable bilateral lumbar fusion at L5-S1 unchanged from prior study 7-31-14." The medical documentation submitted does not describe other conservative treatment besides medications refills or prior diagnostic performed. A Request for Authorization is dated 9-25-15. A Utilization Review letter is dated 9-4-15 and non-certification was for an EMG-NCV study bilateral lower extremities. A request for authorization has been received for EMG-NCV study bilateral lower extremities.

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

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

**Electromyography/Nerve Conduction Velocity (Bilateral lower extremities): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Summary.

**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 claimant had undergone a prior fusion. Symptoms were consistent with the L5-S1 fusion level. In addition, an MRI was ordered and there was no plan for surgery at this time. The request for an EMG/NCV is not medically necessary.