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| <b>Case Number:</b>   | CM15-0193097 |                              |            |
| <b>Date Assigned:</b> | 10/07/2015   | <b>Date of Injury:</b>       | 04/13/2012 |
| <b>Decision Date:</b> | 11/20/2015   | <b>UR Denial Date:</b>       | 09/25/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/01/2015 |

### 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: Massachusetts

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 47 year old female, who sustained an industrial injury on April 13, 2012. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as status post lumbar decompression December 2013, low back pain with lower extremity symptoms and lumboparaspinal trigger points. Treatment to date has included medications and diagnostic studies. On August 27, 2015, the injured worker complained of low back pain with left lower extremity symptoms. The pain was rated as a 6 on a 1-10 pain scale. Physical examination revealed multiple tender trigger points in lumboparaspinal and tenderness of the lumbar spine. Lumbar range of motion was flexion 50 degrees, extension 35 degrees, left and right lateral tilt 30 degrees and left and right rotation 30 degrees. Straight leg raise test was positive on the left at 35 degrees. She ambulated with a kyphotic posture. The most recent MRI was noted to be greater than two years old and an EMG-NCV study was noted to be necessary with the MRI to determine a plan. The treatment plan included an MRI, EMG-NCV and medications. On September 25, 2015, utilization review denied a request for updated EMG-NCV of the bilateral lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Updated EMG/NCV of the bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach, Diagnostic Criteria.

**Decision rationale:** ACOEM Guidelines chapter 8 indicates that EMG/NCV may help identify subtle neurological dysfunction in patients with neck and arm symptoms. When the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurological dysfunction in patients with neck or arm symptoms or both, lasting three or four weeks. EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation. EMG is useful to identify physiologic insult and anatomical defect in the case of neck pain. The submitted documents and IW's complaints and physical exam findings fail to substantiate the need for EMG/NCV as outlined above. Therefore, at this time the requirements for treatment have not been met, and not medically necessary.