

<b>Case Number:</b>	CM15-0202931		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	01/30/2014
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 63 year old female who sustained an industrial injury on 1-30-14. The medical records indicate that the injured worker is being treated for axial low back pain due to internal disc derangement at L4-5 and overlying myofascial pain; left sacroiliac joint sprain; right 4th digit contusion. She currently (9-9-15) complains of left sided low back pain with radiation into her left glute. On physical exam there was tenderness over the left sacroiliac joint; tenderness along the lumbar paraspinals and gluteus muscle on the left; facet loading on the left causes some slight discomfort but does not reproduce symptoms; negative straight leg raise bilaterally; some breakaway weakness in her left lower extremity secondary to pain. In the 8-26-15 progress note the injured workers pain level was 5 out of 10 with low back pain extending down the left leg. Her pain level did decrease from 7 out of 10 (7-16-15) to 5 out of 10 after her left sacroiliac joint injection. The 6-1-15 physical exam indicates positive thigh thrust on the left, positive Fabers, positive Gaenslen and compression test, which were not indicated in the 9-9-15 progress note. She underwent an MRI of the lumbar spine (7-9-14) showing a posterolateral disc protrusion at L4-5 that was off to the right encroaching on the right L4 nerve root; x-ray of the lumbar spine (2-18-14) showed moderate degenerative arthritis. Treatments to date include left sacroiliac joint injection (8-12-15) offering 3 days of some minimal benefit before returning to her typical symptoms; medications: ibuprofen, Prilosec; Medrol Dose Pak offered near total relief in symptoms but it was not long lived; trigger point injections with significant relief of low back pain but did not completely resolve her symptoms and she returned to baseline in 3 weeks; physical therapy. In the 9-9-15 progress note the treating provider had

concerns with chemical lumbar radiculopathy and recommended to pursue bilateral lower extremity electrodiagnostic testing to determine if she has an active radiculopathy. The request for authorization dated 9-9- 15 was for bilateral lower extremity electrodiagnostic testing. On 9-14-15 Utilization Review non-certified the request for electromyography-nerve conduction study, bilateral lower extremities, lumbar spine, right hand.

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

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

**EMG/NCS electrodiagnostic testing of the bilateral lower extremities, lumbar spine, right hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, and Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** EMG/NCS electrodiagnostic testing of the bilateral lower extremities, lumbar spine, right hand per the MTUS Guidelines. The MTUS states that electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms or neck/arm symptoms lasting more than three or four weeks. The documentation does not reveal evidence of recent focal neurologic dysfunction in the right upper extremity or bilateral lower extremities therefore this test is not medically necessary.