

<b>Case Number:</b>	CM15-0206327		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	03/08/2013
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 46 year old female with an industrial injury dated 03-08-2013. A review of the medical records indicates that the injured worker is undergoing treatment for sprain and strain of sacroiliac region, lumbosacral joint, left sciatica and lumbar herniated intervertebral disc. In a progress report dated 08-05-2015, the injured worker reported low back pain. Lumbar spine exam (08-05-2015) revealed moderately diminished lumbar range of motion, numbness in the left posterior calf, left positive straight leg raises and tenderness in the lumbosacral midline. According to the progress note dated 08-31-2015, the injured worker reported ongoing low back pain with radiation to left lower extremity. Intermittent pain level was 4 out of 10. The injured worker rated tingling and sharp pain a 7 out of 10 on a visual analog scale (VAS). Magnetic Resonance Imaging (MRI) of lumbar spine dated 09-25-2013 revealed "3mm disc protrusion at L4-5 with contact of traversing L5 nerve roots, greater on the right than left; 2mm disc bulge at L5-S1 with central disc extrusion measuring 5mm and bilateral facet and ligamentum flavum hypertrophy." Nerve studies on 06-24-2014 revealed "normal study and no evidence of bilateral lumbosacral radiculopathy." MRI of the lumbar spine dated 07-15-2015 revealed "mild discogenic disease of lumbar spine at L4-5 and L5-S1". Objective findings (08-31-2015) revealed diffuse tenderness to palpitation of lumbar paraspinal, left worse than right, and left sciatic notch area and slow lumbar range of motion with minimal discomfort. In a progress report dated 08-17-2015, the treating physician reported that the nerve studies performed on 07-28-2015 were unremarkable for lumbosacral radiculopathy. Treatment has included nerve conduction studies on 06-24-2014 and 07-28-2015, Magnetic Resonance

Imaging (MRI)'s of lumbar spine, prescribed medications, and periodic follow up visits. The utilization review dated 09-23-2015, non-certified the request for EMG/NCS 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:

**EMG/NCS of the 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): Special Studies.

**Decision rationale:** Review indicates previous EMG/NCS on 6/24/14, repeated on 7/28/15 noted unremarkable findings without evidence for entrapment or lumbar radiculopathy. Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, or entrapment syndrome, medical necessity for EMG and NCV have not been established. Submitted reports have not demonstrated any neurological deficits on clinical evaluation to suggest any lumbar radiculopathy or entrapment syndrome, only with continued diffuse pain without specific consistent myotomal or dermatomal correlation to support for electrodiagnostics for a patient s/p multiple previous electrodiagnostic unremarkable testing without any report of new injury, acute flare-up, or red-flag conditions. The EMG/NCS of the bilateral lower extremities is not medically necessary and appropriate.