

<b>Case Number:</b>	CM15-0022943		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	01/27/2004
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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: Emergency 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 60 year old female who sustained an industrial fall injury on January 27, 2004. The patient has a history of a lumbar fusion (no date documented). The injured worker was diagnosed with lumbar degenerative disc disease. According to the primary treating physician's progress report on January 19, 2015, the injured worker continues to experience chronic pain in the lower back extending to the bilateral lower extremities. On examination, the injured worker had decreased range of motion secondary to pain and tenderness of the paraspinal muscles with spasm. Deep tendon reflexes were 2+ in the bilateral knees and hypo reactive in the ankles. No clonus was noted. Sensation was intact. Current medications consist of Norco and Flexeril. There were no current treatment modalities documented. The injured worker is Permanent & Stationary (P&S). The treating physician requested authorization for Electromyography (EMG) and Nerve Conduction Studies (NCS) bilateral lower extremities. On January 27, 2015 the Utilization Review denied certification for Electromyography (EMG) and Nerve Conduction Studies (NCS) bilateral lower extremities. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCS bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 177-179.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Low Back Complaints, page 303,.

**Decision rationale:** The requested EMG/NCS bilateral lower extremities, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, page 303, Special Studies and Diagnostic and Treatment Considerations, note "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The injured worker has chronic pain in the lower back extending to the bilateral lower extremities. On examination, the injured worker had decreased range of motion secondary to pain and tenderness of the paraspinal muscles with spasm. Deep tendon reflexes were 2+ in the bilateral knees and hyporeactive in the ankles. No clonus was noted. Sensation was intact. The treating physician has not documented physical exam findings indicative of nerve compromise such as a positive straight leg raising test or deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, EMG/NCS bilateral lower extremities are not medically necessary.