

<b>Case Number:</b>	CM15-0058171		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	05/26/2013
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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: Florida, New York, Pennsylvania  
 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 60-year-old male, who sustained an industrial injury on 5/26/2013. He reported a slip and fall, hitting his back. The injured worker was diagnosed as having lumbar sprain, lumbar/lumbosacral disc degeneration, lumbar/lumbosacral spondylosis, arthropathy (facet), lumbar/other specified, and lumbar disc bulge. Treatment to date has included diagnostics, lumbar epidural steroid injections (2nd one on 2/18/2015), and medications. Currently (2/26/2015), the injured worker reported 20-30% pain relief to his lumbar spine for four days, with pain slowly returning. He stated he had about 80% of relief of leg pain, now intermittent, but reported constant numbness and tingling in the right foot. Range of motion was limited and orthopedic testing revealed positive root signs bilaterally, right greater than left. Current medication regime was not noted and he was dispensed Ultram ER, Nalfon, Zantac, and topical Terocin. The treatment plan included electromyogram and nerve conduction studies for the right lower extremity. Magnetic resonance imaging of the lumbar spine (2/10/2014) was referenced.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One Electromyography/Nerve Conduction studies to right lower extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 178, 303.

**Decision rationale:** The member underwent ESI x 2 for numbness/tingling and pain for the right leg. The ESI relieved approximately 80% of the pain but the numbness and tingling persisted over the R foot. An MRI from 11Jul13 showed problems at L3-4, L4-5 and L5-S1. Explicitly at L3-4 it was noted a disc extrusion that severely narrowed the R neural foramen displacing the L3 nerve root. While the ACOEM Chapter 12 does recommend EMG but not explicitly NCS it does include H-reflex studies. H-reflex studies are an intrinsic part of the NCS suite that includes motor, sensory, F-wave and H-reflex elements. Articulated more clearly is the role of EMG/NCS including H-reflex testing for clarity in evaluating less clear neurologic symptoms in the arm and neck. Clearly based on the report of the MRI there are serious concerns at multiple levels for peripheral nerve entrapment on exiting the spinal cord and entering the neural foramen. The suite of tests involved in the NCS are important to sorting out this patient's problem. I support the original request for EMG/NCS and do not support the modification recommended in the UR. The request is medically necessary.