

<b>Case Number:</b>	CM13-0008698		
<b>Date Assigned:</b>	10/08/2013	<b>Date of Injury:</b>	02/19/2011
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	07/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 36-year-old injured worker who was injured in a work related accident on 02/19/13. The clinical record of review of 07/17/13 with treating physician, [REDACTED], stated the claimant was with continued present complaints of severe pain about the tailbone and radiating leg pain also noted to be severe in nature with numbness and tingling to the left leg. Objectively, it was noted that there was restricted lumbar range of motion with positive bilateral Kemp testing, positive left sided straight leg testing with equal and symmetrical sensory and motor examination with diminished left lower extremity reflexes. The claimant was diagnosed with lumbar disc displacement, coccydynia and a lesion to the sciatic nerve. Formal imaging is unable for review, but there is documentation that the claimant underwent lumbar MRI scan, for which formal findings are not noted. It states conservative treatment has been utilized including physical therapy, medication management, activity restrictions, and work modification. At last assessment with [REDACTED] state, bilateral lower extremity electrodiagnostic studies were recommended for further diagnostic interpretation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG and NCV of the left lower extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** Based on California MTUS/ACOEM Guidelines, the role of electrodiagnostic testing for left EMG study in this case would be useful. The claimant is with documentation of focal neurologic dysfunction that has failed conservative care of greater than three to four weeks. Given the isolated findings on examination that include reflexive changes and nerve tension signs, the role of bilateral electrodiagnostic testing for left EMG and NCV studies are needed. The request for a EMG and NCV of the left lower extremity are medically necessary and appropriate.

**EMG and NCV of the right lower extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** Based on California MTUS/ACOEM Guidelines, the role of electrodiagnostic testing for left EMG study in this case would be useful. The claimant is with documentation of focal neurologic dysfunction that has failed conservative care of greater than three to four weeks. Given the isolated findings on examination that include reflexive changes and nerve tension signs, the role of bilateral electrodiagnostic testing for right EMG and NCV studies are needed. The request for a EMG and NCV of the right lower extremity are medically necessary and appropriate.