

<b>Case Number:</b>	CM14-0132617		
<b>Date Assigned:</b>	08/25/2014	<b>Date of Injury:</b>	01/15/2009
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation & Pain Medicine 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 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/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 injured worker is a 40-year-old male with a reported injury on January 15, 2009. The mechanism of injury was lifting and carrying a heavy object. The injured worker's diagnoses included status post remote lumbar surgery and protrusion at L5-S1 with left S1 neural encroachment. The injured worker's past treatments included medications, physical therapy and a TENS unit. The injured worker's diagnostic testing included a lumbar spine MRI pre surgery in 2009 and a lumbar spine MRI on May 19, 2014, which revealed a broad based posterior disc protrusion at L5-S1 eccentric to the left similar to prior examination with probable contact on the traversing left S1 nerve root. There is moderate to severe right neural foraminal narrowing, with possible contact at the exiting L5 nerve root. There is moderate right neural foraminal narrowing at this level. At L4-5, there is stable mild disc disease without significant central canal stenosis or neural foraminal narrowing. The injured worker's surgical history included an L5-S1 right laminectomy on April 10, 2009. The injured worker was evaluated on May 12, 2014 for low back pain with lower right extremity symptoms. The injured worker rated his pain at 7/10. The clinician observed and reported tenderness to the lumbar spine, lumbar range of motion limited with pain, neurologically unchanged, and spasm of the lumbar paraspinal musculature was less pronounced. On June 09, 2014, the injured worker was evaluated and the clinician observed and reported tenderness to the lumbar spine and lumbar range of motion limited with pain. Right eversion was 4+/5 with left eversion 4+/5. Diminished sensation was noted to the right greater than left S1 dermatomal distribution. There was a positive straight leg raise on the right for pain at 45 degrees and on the left for pain at 35 degrees. Spasms to the lumbar paraspinal musculature were decreased. The injured worker's medications included tramadol 300mg per day. The request was for an EMG/NCV of the bilateral lower extremities. The rationale for this request was to

rule out lumbar radiculopathy status post remote lumbar surgery. The request for authorization was submitted on March 31, 2014.

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

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

**EMG/NCV Bilateral Lower Extremities:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** The request for an EMG/NCV of the bilateral lower extremities is not medically necessary. The injured worker continued to complain of low back pain with right greater than left lower extremity symptoms. The California MTUS/ACOEM Guidelines do not recommend electromyography. The MRI dated May 19, 2014 did show probable contact on the traversing left S1 nerve root and possible contact of the exiting left L5 nerve root. The clinical exam was positive for straight leg raise bilaterally, diminished sensation was noted right greater than left along the S1 dermatomal distribution and weakness was noted bilaterally. It is not clear what is being sought or how the results of electromyogram would change the course of therapy. The MRI supported the physical exam findings. Therefore, the request is not medically necessary.