

<b>Case Number:</b>	CM14-0133221		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	11/19/2012
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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 62 year old male claimant injured on November 19, 2012 due to moving office equipment. The most recent clinical note by a Qualified Medical Examiner, dated July 1, 2014, indicate the injured worker continues with complaints low back pain that radiates down to the left leg. The injured worker has participated in physical therapy after lumbar surgery which was ineffective. Diagnoses include chronic low back pain with left sided lumbar radicular pain, multilevel lumbar disc degeneration status post three lumbar spine surgeries, and delayed recovery. The injured worker would like additional physical therapy for his back with a goal to return to work full time. The injured worker was working six hours daily. Work status report, dated August 5, 2014, indicates the injured worker was ordered to continue with modified work duty. Medications include Vicodin and gabapentin which the injured worker uses occasionally. The injured worker is involved in a home exercise program. The previous utilization review, dated August 13, 2014, denied request for NCS (nerve conduction studies) of the lumbar spine and EMG (electromyography) of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCS (nerve conduction studies) of the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Pain, Electrodiagnostic Testing

**Decision rationale:** The claimant is noted to have Left anterior thigh dysesthesia which correlates with the radiculopathy noted on QME of 7/1/2014. Generally Nerve Conduction Studies are not medically necessary unless one is trying to differentiate radiculopathy versus neuropathy. Given the previous lumbar surgeries and the lack of comorbidities during the previous documentation, the request for NCS is not medically necessary.

**EMG (electromyography) of the lumbar spine:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, Pain, Electrodiagnostic Testing

**Decision rationale:** The claimant is noted to have Left anterior thigh dysesthesia which correlates with the radiculopathy noted on QME of 7/1/2014. While it is reasonable to conduct Left lower extremity EMG in work up of the radiculopathy noted in correlation with the dysesthesias, the opposite (right) extremity EMG is not medically necessary.