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| <b>Case Number:</b>   | CM14-0184963 |                              |            |
| <b>Date Assigned:</b> | 11/12/2014   | <b>Date of Injury:</b>       | 03/20/2012 |
| <b>Decision Date:</b> | 12/19/2014   | <b>UR Denial Date:</b>       | 10/01/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/06/2014 |

### 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 Family Medicine, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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:

On March 20, 2012, this worker sustained a low back injury when she fell backward while assisting a patient with a pull out bed chair. An MRI of the lumbar spine on 8/22/2012 showed multilevel degenerative disc disease and annular disc bulges. There was no central canal narrowing. There were multiple levels of mild neural foraminal narrowing. There was no nerve root compression. EMG/NCS of bilateral lower extremities on 4/24/2013 was normal. She had facet joint medial branch blocks on 10/10/2012. Medications include Silenor, Ambien, cyclobenzaprine, lorazepam, pantoprazole, tramadol, and Norco. Diagnoses include cervical pain, cervical disc disorder, arthrodesis, lumbar disc disorder, knee pain, low back pain, lumbar facet syndrome, and hip bursitis. At primary treating physician visit on 9/11/2014 she complained of increased low back pain along with bilateral greater trochanteric bursa and right knee pain. Exam showed left lumbar facet pain with loading maneuvers. Bursa injections were completed. RFA was planned. EMG/NCS of bilateral lower extremities was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCS BLE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter on Low Back Disorders, section on Electromyography

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, Topics: EMG's and Nerve Conduction Studies

**Decision rationale:** According to the ODG, nerve conduction studies are not recommended for low back conditions. EMG's are recommended as an option for low back conditions and may be useful to obtain unequivocal evidence of radiculopathy. The request in this case is for both NCS and EMG and is therefore not medically necessary. Furthermore, this worker already had a normal EMG/NCS subsequent to the injury. The indication for the repeat EMG/NCS was not provided in the medical documentation.