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| <b>Case Number:</b>   | CM14-0028407 |                              |            |
| <b>Date Assigned:</b> | 06/16/2014   | <b>Date of Injury:</b>       | 03/24/2013 |
| <b>Decision Date:</b> | 08/28/2014   | <b>UR Denial Date:</b>       | 02/10/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/06/2014 |

### 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 Physical Medicine & Rehabilitation and is licensed to practice in California and Washington. 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 59-year-old female who reported an injury on 09/24/2013 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to her low back. The injured worker underwent an MRI of the lumbar spine that documented a 4 to 5 mm spondylitic spondylolisthesis at the L5 on the S1 causing bilateral neural foraminal narrowing. The injured worker was evaluated on 01/28/2014. Physical findings included decreased motor strength in the extensor hallucis longus measured at a 4/5 with absent patellar reflexes on the right and absent bilateral Achilles reflexes. The injured worker's diagnoses included bilateral Pars defects of the L5; grade 1 spondylitic spondylolisthesis at the L5-S1; severe disc space collapse at the L5-S1; and a broad-based disc bulge at the L2-3, L3-4, and L4-5. A request was made for electrodiagnostic studies of the lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ELECTROMYOGRAPHY OF LEFT LOWER EXTREMITY:** Upheld

**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): 303-305.

**Decision rationale:** The requested electromyography of the left lower extremity is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend electrodiagnostic studies for nonspecific findings of radiculopathy. The need for electrodiagnostic studies for clinically evident radiculopathy is not supported. The clinical documentation submitted for review does indicate that the injured worker has clinically evident radiculopathy with reduced motor strength and absent reflexes of the bilateral lower extremities. Therefore, the need for electrodiagnostic studies is not indicated in this clinical situation. As such, the requested electromyography of the left lower extremity is not medically necessary or appropriate.

**NERVE CONDUCTION STUDIES OF RIGHT LOWER EXTREMITY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The requested nerve conduction studies of the right lower extremity is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend electrodiagnostic studies for nonspecific findings of radiculopathy. The need for electrodiagnostic studies for clinically evident radiculopathy is not supported. The clinical documentation submitted for review does indicate that the injured worker has clinically evident radiculopathy with reduced motor strength and absent reflexes of the bilateral lower extremities. Therefore, the need for electrodiagnostic studies is not indicated in this clinical situation. As such, the requested nerve conduction studies of the right lower extremity is not medically necessary or appropriate.

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