

<b>Case Number:</b>	CM14-0175771		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	01/10/2011
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 was diagnosed as having multi-level disc bulges with neural foraminal narrowing and central canal narrowing of lumbar spine and right lower extremity radiculopathy. Treatment to date has included back brace, cane for ambulation, oral medications and activity restrictions. Currently, the injured worker complains of pain in lower back, which is sharp at times and radiates to right anterior thigh and pain in right knee area with numbness and tingling in the right lower extremity. The lumbar spine pain is rated 7/10. She is totally disabled. Physical exam noted reduced range of motion and spasm and tenderness on palpation over the paravertebral musculature. The treatment plan included continuation of over the counter medication, performing pool exercise program, ice for lumbar spine, use of brace and cane and (EMG) Electromyogram and (NCV) Nerve Condition Velocity studies of lower extremities. The medication list includes Prilosec. The patient's surgical history includes right shoulder arthroscopy. The patient has used a cane and brace. Per the doctor's note dated 8/27/14 patient had complaints of low back pain and right knee pain with radiation, numbness and tingling at 7/10 on right side. Physical examination of the low back revealed tenderness on palpation, muscle spasm, limited range of motion, positive SLR on right, muscle weakness in both LE and normal sensation and reflexes. The patient has had MRI of the low back that revealed disc bulge with foraminal narrowing. Other therapy done for this injury was not specified in the records provided. Any diagnostic imaging report was not specified in the records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV Left 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 8 Neck and Upper Back Complaints Page(s): 177-178 and page 303-304.

**Decision rationale:** Per ACOEM chapter 12 guidelines, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." Per the ACOEM guidelines cited below, "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out." "Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." The patient has had numbness, tingling and radiculopathy in the right LE. Any significant symptoms of radiculopathy in the left LE was not specified in the records provided. Rationale for NCV Left Lower Extremity was not specified in the records provided. Detailed history and duration of signs /symptoms of the tingling and numbness was not specified in the records provided. There was no objective evidence of significant radicular signs or symptoms in the bilateral lower extremities that are specified in the records provided. The medical records provided did not specify any evidence of upper and lower extremity radiculopathy. Patient did not have any complaints of radiating pain to the left lower extremities. The details of PT or other types of therapy done since the date of injury were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. A detailed response to a complete course of conservative therapy including PT visits was not specified in the records provided. Previous PT visit notes were not specified in the records provided. The request for NCV left lower extremity is not medically necessary for this patient.

**NCV Right Lower Extremity: Overturned**

**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): 303-304.

**Decision rationale:** NCV Right Lower Extremity. Per ACOEM chapter 12 guidelines, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." Per the ACOEM guidelines cited below, "For most patients presenting with true neck

or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out." "Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." The injured worker was diagnosed as having multi-level disc bulges with neural foraminal narrowing and central canal narrowing of lumbar spine and right lower extremity radiculopathy. Currently, the injured worker complains of pain in lower back, which is sharp at times and radiates to right anterior thigh and pain in right knee area with numbness and tingling in the right lower extremity. Physical exam noted reduced range of motion and spasm and tenderness on palpation over the paravertebral musculature. Per the doctor's note dated 8/27/14 patient had complaints of low back pain and right knee pain with radiation, numbness and tingling at 7/10 on right side. Physical examination of the low back revealed tenderness on palpation, muscle spasm, limited range of motion, positive SLR on right, muscle weakness in both LE. The patient has had MRI of the low back that revealed disc bulge with foraminal narrowing. She has already had conservative treatment. Some of the symptoms are still present. The request of NCV right lower extremity is medically necessary and appropriate in this patient to further evaluate the symptoms and signs suggestive of possible radiculopathy.

#### **EMG Left 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 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): and Page 303-304.

**Decision rationale:** EMG Left Lower Extremity. Per ACOEM chapter 12 guidelines, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." Per the ACOEM guidelines cited below, "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out." "Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." The patient has had numbness, tingling and radiculopathy in right LE. Any significant symptoms of radiculopathy in left LE was not specified in the records provided. The rationale for EMG of the Left Lower Extremity was not specified in the records provided. Detailed history and duration of signs /symptoms of the tingling and numbness (in the left lower extremity) was not specified in the records provided. There was no consistent significant objective evidence of significant radicular signs and symptoms in the bilateral lower extremities that are specified in the records provided. The medical records provided did not specify detailed consistent evidence of LEFT lower extremity radiculopathy. Patient did not have any complaints of radiating pain to the LEFT lower extremity. The details of PT or other types of therapy done since the date of injury were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. A detailed response to a complete course of conservative therapy including PT visits was not specified in the records provided. Previous PT visit notes were not specified in the records provided. The request for EMG Left Lower Extremity is not medically necessary for this patient.