

<b>Case Number:</b>	CM14-0214606		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	07/27/2007
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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:

This is a 51 years old male/female patient who sustained an injury on 7/27/2007. The current diagnoses include lumbar disc degenerative disease, chronic low back pain, intractable pain and sleep disturbances. Per the doctor's note dated 10/15/2014, she had complaints of right wrist and right shoulder pain. The physical examination of the lumbar spine revealed decreased range of motion, spasm, tenderness over the facet joints, pain with axial loading and positive straight leg raising bilaterally. The medications list includes norco, anaprox and prilosec. She has had multiple diagnostic studies including EMG/NCS of upper extremities. She has undergone bilateral carpal tunnel release. She has had physical therapy visits and brace for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV LLE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 11/21/14), NCS

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Chapter:Low Back (updated 01/30/15)

**Decision rationale:** This is a request for NCV LLE. Per the cited guidelines Nerve conduction studies (NCS) is not recommended. Detailed clinical evaluation of the lumbar spine with signs and symptoms of left lower extremity radiculopathy is not specified in the records provided. Failure to conservative measures for the lumbar spine is not specified in the records provided. The notes from the previous rehabilitation sessions are not specified in the records provided. The medical necessity of NCV LLE is not established for this patient at this time. CA MTUS/ACOEM does not address this request completely. Official Disability Guidelines Treatment in Workers' Comp., online Edition.

**EMG LLE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 11/21/14), EMGs

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** This is a request for EMG LLE. Per ACOEM 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. Detailed clinical evaluation of the lumbar spine with signs and symptoms of left lower extremity radiculopathy is not specified in the records provided. Failure to conservative measures for the lumbar spine is not specified in the records provided. The notes from the previous rehabilitation sessions are not specified in the records provided. The medical necessity of EMG LLE is not established for this patient at this time.