

<b>Case Number:</b>	CM14-0215432		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	04/22/2013
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	11/19/2014
<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 29 year old male patient who sustained a work related injury on 4/22/13. Patient sustained the injury when he was pulling a pallet jack filled with trial over table on 04/22/13. The current diagnoses include Low back, buttock and left leg pain, HNP L4-5 with 5-6 mm disc protrusion, HNP L5-S 1 with 2-3 mm disc bulge, Left leg pain with numbness, tingling, left piriformis pain syndrome and s/p LESI without relief. Per the doctor's note dated 11/26/14, patient has complaints of low back pain and left buttock pain with pain going down to the left leg to the foot and toes at 7/10 with numbness, tingling over the left leg to the calf and left foot lateral toes. Physical examination revealed tenderness to palpation, Piriformis stretch was positive on the left with buttock pain, positive Faber and SLR test, Forward flexion 80 Extension: 20, 5/5 strength and normal sensory examination. The current medication lists include Norco, Motrin, Gabapentin, omeprazole and topical creams and Ultram. The patient has had neuro-diagnostic study on 04/30/14 showed evidence of mild right tarsal tunnel syndrome and mild peripheral neuropathy of the right lower extremity, on 01/02/14, the lumbar spine MRI that revealed that revealed a 5-6 mm central disc protrusion with moderate canal stenosis at L4-5. At L5-S1, there is a 2-3 mm posterior disc bulge without stenosis. The patient's surgical history include. Rotator cuff, left shoulder, 2 years ago. The patient had lumbar epidural steroid injection (LESI) on 08/19/14 The patient has received an unspecified number of PT, chiro practice treatment, acupuncture, visits for this injury. The patient has used a TENS unit.

### 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:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177-178;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 neuro-diagnostic study on 04/30/14 showed evidence of mild right tarsal tunnel syndrome and mild peripheral neuropathy of the right lower extremity. Any significant changes in objective physical examination findings since the EMG that would require a repeat EMG study were 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 lower extremity radiculopathy. Patient did not have recent complaints of radiating pain to both the lower extremities. Patient has received an unspecified number of PT visits for this injury 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. A plan for an invasive procedure of the lumbar spine was not specified in the records provided. The medical necessity of the request for EMG/NCS ble is not fully established for this patient.