

<b>Case Number:</b>	CM14-0218143		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	04/08/2014
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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: New Jersey

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 61 year old male injured worker suffered an industrial injury on 12/5/2014 while at work as a housekeeper pulling a pallet and felt low back pain and left leg pain. On 5/12/2014, he had an epidural steroid injection to the lumbar spine with only 20% relief. The diagnoses were severe low back pain with left leg radiculopathy and lumbar disc herniation. On 5/29/2014 the injured worker reported severe low back pain with sever numbness and weakness in the left leg along with difficulty with walking utilizing crutches. He reported the physical therapy aggravated the pain. The exam revealed diminished sensation and increased weakness to the left leg. On 7/14/2014 the injured worker had a lumbar microdiscectomy. On 10/07/2014 the provider reported persistent left leg radiculopathy. On 11/17/2014, the provider reported continued weakness and numbness of the left leg, although somewhat improved after surgery. He reported prednisone not helping. He also reported taking gabapentin. Physical examination revealed left leg-favoring gait, no muscle spasms of the lumbar area, pinprick sensation decreased in the entire left foot with weakness in the left extensor hallicus longus and in plantar flexion. The provider then requested electromyography (EMG) for bilateral legs to see if there was residual herniation. The UR decision on 12/5/2014 denied the request for the right leg as there was no documentation of pathology.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative EMG/NCV of right lower extremity:** Upheld

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

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

**Decision rationale:** The MTUS ACOEM Guidelines state that for lower back complaints, nerve testing may be considered when the neurological examination is less clear for symptoms that last more than 3-4 weeks with conservative therapy. In the case of this worker, there was symptomatology and physical findings to suggest residual radiculopathy after his lumbar surgery, but no complaints or findings suggested any right leg pathology to warrant any follow-up with right leg EMG/NCV, according to the notes provided for review. Therefore, the EMG/NCV of the right lower extremity will be considered medically unnecessary.