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| <b>Case Number:</b>   | CM15-0006382 |                              |            |
| <b>Date Assigned:</b> | 01/26/2015   | <b>Date of Injury:</b>       | 06/09/2014 |
| <b>Decision Date:</b> | 03/24/2015   | <b>UR Denial Date:</b>       | 12/24/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/13/2015 |

### 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: California, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 61-year-old female with a reported date of injury on 06/09/2014. The mechanism of injury was a slip and fall. The injured worker was diagnosed with lumbar sprain/strain, right knee sprain/strain, and left knee sprain/strain. Past treatments included physical therapy, ultrasound therapy, myofascial release, and acupuncture. Diagnostic studies included x-rays of the cervical spine, thoracic spine, lumbar spine, and knees, as well as an MRI of the lumbar spine which was performed on 10/19/2014 and revealed disc desiccation at L5-S1; early disc desiccation at L3-4 to L5-S1; urinary bladder was distended; at L4-5, there was a diffuse disc protrusion compressing the thecal sac; disc material and facet hypertrophy caused bilateral neural foraminal stenosis that encroached the left and right L4 exiting nerve roots; disc measurements preload bearing were 2.3 mm and post load bearing were 2.3 mm; at L5-S1, there was a diffuse disc protrusion without effacement of the thecal sac; the exiting L5 nerve roots were unremarkable; the disc measurement preload bearing was 2.3 mm and post load bearing was 2.3 mm; pre and post load bearing images revealed no significant differences. The Secondary Treating Physician's Progress Report dated 12/03/2014 noted the injured worker reported frequent pain to the lumbar spine rated 8.5/10 which was described as stabbing and accompanied by stiffness and numbness. Upon examination of the lumbar spine, deep tendon reflexes in the lower extremities were 2+/4, there was tenderness to palpation of the bilateral SI joints and lumbar paravertebral muscles, and there were muscle spasms to the bilateral gluteus and lumbar paravertebral muscles. The injured worker had a positive straight leg raise. The physician's treatment plan included recommendations for a urine drug screen and continuation of

medications. The requesting physician's rationale for the request and Request for Authorization were not provided.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**EMG/NCV Bilateral Lower Extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Nerve conduction studies (NCS) & EMGs (electromyography)

**Decision rationale:** The California MTUS/ACOEM Guidelines note when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. The Official Disability Guidelines further state there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The Official Disability Guidelines note electromyography may be recommended as an option to obtain unequivocal evidence of radiculopathy, after 1 month of conservative therapy, but EMG is not necessary if radiculopathy is already clinically obvious. Within the provided documentation, it was noted the injured worker had a positive straight leg raise bilaterally. There is a lack of documentation demonstrating the injured worker had any other significant findings indicative of neurological deficits to the lower extremities. There was no evidence of the injured worker's physical presentation differing from the findings of the MRI performed on 10/19/2014. NCV would not be indicated as the guidelines note NCV would not be recommended for detection of radiculopathy. Additionally, the requesting physician's rationale for the request was not indicated. As such, the request for EMG/NCV Bilateral Lower Extremities is not medically necessary.