

<b>Case Number:</b>	CM15-0113669		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	12/16/2012
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 male, who sustained an industrial injury on 12/16/12. He reported back pain. The injured worker was diagnosed as having acute lumbar strain with ongoing paraspinal muscle spasm and possible discogenic injury. Treatment to date has included medication, physical therapy, injection, x-rays, MRI, and heat and cold therapy. Currently, the injured worker complains of increased pain with radiation to the right thigh and top of his foot with numbness and describes it as constant, dull, achy, stabbing, and cramping. The injured worker reports numbness and tingling in both legs, low back pain that radiates down the right leg and occasional right leg weakness with pain rated 6-8/10 without medication and 5-7/10 with medication. Documentation dated 3/24/15 notes the injured worker experiences sleep difficulties, falling, loss of balance, depression, and difficulties standing, walking, doing yard work and negotiating stairs. The injured worker uses a cane, handrail and shopping cart for assistance. The injured worker is on permanent and stationary disability status. The injured worker is currently diagnosed with lumbar stenosis and degenerative disc disease of the lumbar spine with right radiculopathy. A physician note dated 5/22/15 states there is tenderness over the lower lumbar sacral spine muscles bilaterally with the right side being greater than the left. He is able to stand on his heels, but finds standing on his toes difficult. Minimal relief from heat/cold therapy is reported. He also reported that he did not experience any relief from the epidural injection. The injured worker engaged in physical therapy, but made minimal progress on his goal of decreasing his pain and was discharged on 5/8/13. EMG and NCS testing to the right lower extremity are requested.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG of the right lower extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic Chapter, EMG's (electromyography).

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

**Decision rationale:** The ACOEM Guidelines state that 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. There is documentation of radicular symptoms with possible nerve dysfunction in the lower extremity. I am reversing the previous utilization review decision. EMG of the right lower extremity is medically necessary.

**NCS of the right lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic Chapter, and Nerve conduction studies (NCS).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic), and Nerve conduction studies (NCS).

**Decision rationale:** According to the Official Disability Guidelines, nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. NCS of the right lower extremity is not medically necessary.