

<b>Case Number:</b>	CM15-0176215		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	06/26/2009
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: North Carolina  
 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 injured worker is a 39 year old female who sustained an industrial injury on June 26, 2009. A recent primary treating office visit dated July 01, 2015 reported subjective complaint of "the patient's subjective complaints have not changed." The plan of care noted involving prescribing the following: Norco, Motrin, and Prilosec. She is to undergo a recent magnetic resonance imaging (MRI) study of the lumbar spine as the previous study noted performed in 2011 and the worker is found with flare up of lumbar spine pain. In addition, there is recommendation to undergo recent nerve conduction study of bilateral lower extremities. Previous treatment to include: activity modification; oral medication, topical medications, physical therapy session, use of H-Wave unit, exercises. Primary follow up dated January 12, 2015 reported subjective complaints of: "the patient's subjective complaints have not changed." Primary follow up dated August 04, 2014 reported subjective complaint of: pain in the lumbar spine that radiates down both lower extremities to the thighs, left greater than right. She notes stiffness and tightness of her lower back and also notes numbness and tingling to bilateral feet. Her back pain increases with prolonged sitting, standing and walking. She experiences a stabbing pain to her left buttock while ambulating. The documents provided for review did not include results from prior magnetic resonance imaging study of lumbar spine.

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

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

**EMG/NCV of both lower extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The ACOEM chapters on low back complaints and the need for lower extremity EMG/NCV states: Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). 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 are unequivocal objective findings of nerve compromise on the neurologic exam provided for review. However, there is not mention of surgical consideration. There are no unclear neurologic findings on exam. For these reasons, criteria for lower extremity EMG/NCV have not been met as set forth in the ACOEM. Therefore, the request is not medically necessary.