

<b>Case Number:</b>	CM15-0179703		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	11/25/2008
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2015

### 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: Oregon

Certification(s)/Specialty: Plastic Surgery, Hand Surgery

### 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 34 year old female, who sustained an industrial injury on 11-25-2008. The injured worker is currently off work. Medical records indicated that the injured worker is undergoing treatment for lumbar spine strain. Treatment and diagnostics to date has included lumbar spine MRI and medications. Current medications include Cyclobenzaprine and Gabapentin. MRI of the lumbar spine report dated 05-20-2015 stated levoconvex lumbar scoliosis, post anterior lumbar spine fusion with associated adjacent post surgical changes from L4 through S1 and diffuse disc herniation at L2-L3 and L3-L4. In a progress note dated 05-30-2015, the injured worker reported "severe pain to the lumbar spine" that travels down the right lower extremity. Objective findings included restricted lumbar spine range of motion with bilateral tenderness and spasm. The request for authorization dated 05-30-2015 requested EMG (electromyography) of the bilateral lower extremities and NCV (nerve conduction velocity studies) of the bilateral lower extremities. The Utilization Review with a decision date of 08-28-2015 denied the request for EMG right lower extremity, NCV studies right lower extremity, EMG left lower extremity, and NCV left lower extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** Per ACOEM, Low Back, Special Studies, page 303: 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. In this case, the patient has radicular symptoms and ongoing pain. EMG and NCV studies are warranted to identify clinically significant nerve compression (root compression) that could require intervention. She has multilevel disease, and EMG and NCV may help to identify lesions that specifically require intervention to prevent functional loss.

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

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** Per ACOEM, Low Back, Special Studies, page 303: 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. In this case, the patient has radicular symptoms and ongoing pain. EMG and NCV studies are warranted to identify clinically significant nerve compression (root compression) that could require intervention. She has multilevel disease, and EMG and NCV may help to identify lesions that specifically require intervention to prevent functional loss.

**NCV of the left lower extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** Per ACOEM, Low Back, Special Studies, page 303: 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. In this case, the patient has radicular symptoms and ongoing pain. EMG and NCV studies are warranted to identify clinically significant nerve compression (root compression) that could require intervention. She has multilevel disease, and EMG and NCV may help to identify lesions that specifically require intervention to prevent functional loss.

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

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.  
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** Per ACOEM, Low Back, Special Studies, page 303: 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. In this case, the patient has radicular symptoms and ongoing pain. EMG and NCV studies are warranted to identify clinically significant nerve compression (root compression) that could require intervention. She has multilevel disease, and EMG and NCV may help to identify lesions that specifically require intervention to prevent functional loss.