

<b>Case Number:</b>	CM15-0076266		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	12/15/2008
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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: Texas, California

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:

This is a 53 year old female patient, who sustained an industrial injury on December 15, 2008. The diagnoses include lumbar radiculitis, lumbar intervertebral disc degeneration with myelopathy and lumbar spinal stenosis. She sustained the injury due to a "trip and fall" incident. Per the doctor's note dated 3/5/2015, she had complaints of right sided low back pain with radiation to the left lower extremity with increased left foot numbness. She noted having to decrease activities. The physical examination revealed left leg cramp, absent ankle reflex bilaterally, decreased left calf and first dorsal web space sensation and normal lumbar spine range of motion, 4/5 strength in left lower extremity. The medications list includes norco, prilosec, naproxen, fexmid, vicodin, soma and ibuprofen. She has undergone lumbar laminectomy at L4-5 in 2011. She has had physical therapy and lumbar epidural steroid injection for this injury. Electrodiagnostic studies of the lumbar spine were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV of the lumbar spine:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** NCV of the lumbar spine Per ACOEM chapter 12 guidelines, "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." Per the records provided, she had right sided low back pain with radiation to the left lower extremity with increased left foot numbness. She noted having to decrease activities. The physical examination revealed left leg cramp, absent ankle reflex bilaterally, decreased left calf and first dorsal web space sensation and normal lumbar spine range of motion, 4/5 strength in left lower extremity. Therefore, there are new increased neurological symptoms along with abnormal objective neurological findings on exam. The request for NCV of the lumbar spine is medically appropriate and necessary for this patient at this time.

**EMG of the lumbar spine:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** EMG of the lumbar spine Special studies and diagnostic and treatment consideration Per ACOEM chapter 12 guidelines, "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." Per the records provided she had right sided low back pain with radiation to the left lower extremity with increased left foot numbness. She noted having to decrease activities. The physical examination revealed left leg cramp, absent ankle reflex bilaterally, decreased left calf and first dorsal web space sensation and normal lumbar spine range of motion, 4/5 strength in left lower extremity. Therefore, there are new increased neurological symptoms along with abnormal objective neurological findings on exam. The request for EMG of the lumbar spine is medically appropriate and necessary for this patient at this time.