

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 52 year old female with a date of injury on 8/4/10. The patient's diagnoses include cervical myofascial pain, rule out degenerative disc disease/intradiscal component and chronic low back pain with disproportionate upper extremity and lower extremity neurologic findings. The progress report dated 7/11/13 by Dr. [REDACTED] noted that the patient had limited lumbar range of motion with pain, with diminished sensation of the left greater than right L4, L5, S1 dermatomal distribution.

IMR DECISION(S) AND RATIONALE(S)

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

1. The request for electromyography (EMG) and nerve conduction velocity (NCV) studies of the left lower extremity is not medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM Guidelines, Low Back Complaints, pages 303-305, which is a part of the MTUS.

The Physician Reviewer based his/her decision on the ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12, Low Back Complaints, page 303, which is a part of the MTUS.

The Physician Reviewer's decision rationale:

The progress report dated 7/11/13 by Dr. [REDACTED] noted that the employee reported 6/10 low back pain with right greater than left lower extremity symptoms exam findings showed limited lumbar range of motion with pain, with diminished sensation of the left greater than right L4, L5, S1 dermatomal distribution. ACOEM guidelines do not support NCV for low back and leg symptoms. It does support EMG with H-reflex testing only. NCV can be helpful in

differentiating peripheral neuropathies or myopathies but these concerns are not mentioned by the treating physician in the records provided for review. **The request for NCV/EMG testing of the left lower extremity is not medically necessary and appropriate.**

2. The request for NCV/EMG testing of the right lower extremity is not medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM Guidelines, Low Back Complaints, pages 303-305, which is a part of the MTUS.

The Physician Reviewer based his/her decision on the ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12, Low Back Complaints, page 303, which is a part of the MTUS.

The Physician Reviewer's decision rationale:

The progress report dated 7/11/13 by Dr. [REDACTED] noted that the employee reported 6/10 low back pain with right greater than left lower extremity symptoms exam findings showed limited lumbar range of motion with pain, with diminished sensation of the left greater than right L4, L5, S1 dermatomal distribution. ACOEM guidelines do not support NCV for low back and leg symptoms. It does support EMG with H-reflex testing only. NCV can be helpful in differentiating peripheral neuropathies or myopathies but these concerns are not mentioned by the treating physician in the records provided for review. **The request for NCV/EMG testing of the right lower extremity is not medically necessary and appropriate.**

/dso

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[REDACTED]

CM13-0017599