

<b>Case Number:</b>	CM14-0103479		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	11/16/2012
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 64 year old female presenting with chronic pain following a work related injury on 11/16/2012. On 05/21/2014 claimant complained of pelvic pain and lumbar pain that is worsening in the left leg. The claimant's medications included Valium, Norco, Keflex, Lexapro, Lamictal, Clonazepam, Seroquel and Metformin. The claimant is status post 2 levels anterior cervical fusion. MRI from 05/21/2014 showed L5-S1 small left paraforaminal disc extrusion that narrows the left subarticular recess, and persistent moderate left and mild right neural foraminal narrowing as well as a stable small bilateral S2-3 sacral Tarlov cysts. The physical exam showed that the range of motion of the lumbar spine was decreased, antalgic gait at the left lower extremity, toe drop on attempted heel walk on the left. The claimant was diagnosed with low back pain and degenerative disc disease of the lumbar spine. A claim was made for EMG and NCV of the bilateral lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nerve Conduction Velocity of the right lower extremity:** Upheld

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

**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 Complaints, Treatment Consideration.

**Decision rationale:** Nerve Conduction Studies of the Right Lower Extremity is not medically necessary. 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. The enrollee has chronic radiculitis confirmed by physical exam, and MRI. Additionally, all of the claimant's symptoms are on the left. There is no indication for a NCS on the right lower extremity; therefore the request is not medically necessary.

**Electromyography of the left lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back

**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 Complaints, Treatment Considerations

**Decision rationale:** Electromyogram of the left lower extremity is not medically necessary. 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. The enrollee has chronic radiculitis confirmed by physical exam, and MRI. There is no indication for an EMG on the left lower extremity; therefore the request is not medically necessary.

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