

<b>Case Number:</b>	CM13-0012122		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	04/29/2009
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	08/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/16/2013

### 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 Occupational Medicine, 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 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:

2/6/14 note from [REDACTED] states that the patient requires bilateral EMG/NCS due to the following: radicular symptoms down bilateral legs, L4-5 disc contacts the left L5 nerve root per Magnetic resonance imaging (MRI) report. Lumbar Magnetic resonance imaging (MRI) report 1/18/13 demonstrated interval right hemilaminectomy, L4-5 disc contacts the L5 nerve root. 2/13/14 progress note identifies that diagnostic impression included lumbar pain and right SI joint pain. 7/9/13 supplemental agreed medical evaluator report states that the patient has previously reported low back pain with radicular pain going to the anterior portion of his thighs with weakness. There was diminished dermatomal sensation at L4 and L5 on the right. Straight leg raising is positive. The patient has tried medications and has had previous lumbar spine surgery. The Agreed Medical Evaluator states that further workup may be warranted for this individual. Electrodiagnostic testing may be of help. A non-certification was rendered on 8/8/13 for lack of objective radiculopathy or a change or progression in findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG FOR BILATERAL LOWER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, Official Disability Guidelines (ODG) states that electromyography (EMGs) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but electromyography (EMGs) are not necessary if radiculopathy is already clinically obvious. This patient has notable radicular findings noted on previous visits. However, the recent progress note does not provide a comprehensive evaluation with a neurological examination. The patient is presumed to have radiculopathy based on previous examinations. The recent course of conservative care is not clear. The necessity of the request has not been established.

**NCS FOR BILATERAL LOWER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) does not specifically address Nerve conduction Studies (NCS). Official Disability Guidelines (ODG) Low Back Chapter states that Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The requested Nerve conduction study is not medically necessary as the patient was already presumed to have radiculopathy. Therefore, the request was not medically necessary.