

<b>Case Number:</b>	CM13-0014680		
<b>Date Assigned:</b>	10/04/2013	<b>Date of Injury:</b>	02/29/2012
<b>Decision Date:</b>	01/17/2014	<b>UR Denial Date:</b>	08/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### 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 and is licensed to practice in Oklahoma and Texas. 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. 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 patient is a 46 year old male who reported an injury on 02/29/2012. The mechanism of injury was the patient pulling an object from a rack. The most recent clinical note dated 07/15/2013 reported the patient had received an epidural steroid injection a week prior to the appointment. The patient described the discomfort in his back and right leg as an ache now instead of a pain, as he did prior to the epidural steroid injection. Motor strength testing was intact and there was a persistent straight leg raise on the right. Recommendation was made for a second epidural steroid injection. The patient diagnoses included disc herniation right side L4-5 with radiculopathy, lower pain with radiculopathy to right lower extremity, and cervical and intrascapular sprain secondary to lower back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography and nerve conduction studies (EMG/NCV) of the bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG, Electromyography

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Low Back-Lumbar and Thoracic, Nerve Conduction Studies

**Decision rationale:** California MTUS/ACOEM states that electromyography is useful to identify subtle focal neurological dysfunction in patients with low back symptoms lasting longer than 4 weeks, but not used for patient that already have acute low back symptoms. California MTUS/ACOEM guidelines did not address nerve conduction studies. Official Disability Guidelines does not recommend nerve conduction studies. The documentation submitted did not detail prior conservative care and the patient's response. The patient has received an epidural steroid injection and it has been recommended he undergo a second injection. Per guidelines electromyography studies should not be done for patients that radiculopathy is clinical obvious. Also, the request is for bilateral studies and the physical examination did not provide evidence of symptoms in the bilateral lower extremities to support diagnostic testing in both. As such the request for electromyography and nerve conduction studies (EMG/NCV) of the bilateral lower extremities is non-certified.