

<b>Case Number:</b>	CM13-0023570		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	05/11/2009
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### 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 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 sixty one year old female who reported a work-related injury on 05/11/2009 when a plate of glass fell on her injuring her back. The patient has had 2 spinal surgeries and 6 other medical procedures related to her injury to include epidural injections. Her diagnoses include low back pain with right-sided radicular pain, instability L4-5, status post L4-5 fusion, right L5 radiculopathy, right sacral iliac joint mediated pain and status post removal of right pedicle screw/rod construct L4-5 with exploration of spinal fusion on 06/14/2012. The patient has undergone epidural steroid injections, surgical procedures, physical therapy, and chiropractic treatments. MRI of the lumbar spine noted postoperative changes at L4-5 including a disc expander and left-sided posterior fusion hardware and very mild degenerative changes at the other lumbar disc levels. The request is being made for bilateral lower extremity electromyogram and nerve conduction velocity testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral lower extremity Electromyogram (EMG) and Nerve Conduction Studies(NCV):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Section: Electrodiagnostic Studies

**Decision rationale:** Recent clinical documentation submitted for review stated the patient complained of right lower back pain that increased with range of motion. The patient also complained of shooting pains down the back of her leg. The patient was noted to have right lower extremity radicular pain with numbness and paresthesias. Electrodiagnostic testing of the lower extremities dated 06/23/2010 revealed that electrophysiologic abnormalities were consistent with a right lumbar radiculopathy with a probable level of right L5. California Medical Treatment Guidelines indicate that electrodiagnostic testing is not recommended for clinically obvious radiculopathy. Per clinical documentation submitted, the patient was noted to have right lumbar radiculopathy at the right L5 level. Official Disability Guidelines indicate that nerve conduction studies are not recommended for low back conditions. Guidelines also state the number of tests performed should be the minimum needed to establish an accurate diagnosis. Given the above, the request for bilateral lower extremity electromyogram (EMG) and nerve conduction studies (NCV) is non-certified. ⚡