

<b>Case Number:</b>	CM13-0025851		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/09/2010
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	07/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/30/2013

### 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 Internal 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 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:

This patient is a 53 year old female, date of injury 02-09-10. Primary diagnosis is lumbar condition. A progress note from 6-04-13 by [REDACTED] documented subjective complaints including 7/10 low back pain with left greater than right lower extremity symptoms. Objective findings included lumbar pain, spasm, diminished range of motion, bilateral lower extremity weakness 4/5, diminished sensation left greater than right L4, L5 and S1 dermatomal distributions. Diagnosis included L4, L5, S1 radiculopathy. Treatment plan included Tramadol, Naproxen, Cyclobenzaprine, request for MRI, request of EMG/NCV. Lower extremity neurologic component continues to crescendo, consistent with L4, L5, S1. Progress Note 07-02-13 by [REDACTED] documented Subjective complaints including 7/10 low back pain with lower extremity symptoms. Objective findings included lumbar tenderness, diminished range of motion, bilateral lower extremity weakness 4/5, diminished sensation left greater than right L4, L5, and S1, positive straight leg raise.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG) and nerve conduction velocity (NCV) testing for the lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

**Decision rationale:** MTUS and ODG guidelines stated EMGs (electromyography) are not necessary if radiculopathy is already clinically obvious. Nerve conduction studies (NCS) 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. Progress notes document low back pain, lower extremity symptoms, bilateral lower extremity weakness 4/5, diminished sensation in L4, L5, S1 dermatomal pattern, positive straight leg raise. Lower extremity neurologic component continues to crescendo, consistent with L4, L5, S1. Signs and symptoms of bilateral radiculopathy. Therefore, medical records demonstrate that radiculopathy is clinically obvious. MTUS and ODG guidelines state that EMG/NCV is not necessary if radiculopathy is already clinically obvious. Therefore, the request for EMG/NCV of left lower extremity and right lower extremity is not medically necessary.