

<b>Case Number:</b>	CM13-0035640		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	05/13/2013
<b>Decision Date:</b>	02/21/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 22-year-old female who reported an injury on 05/13/2013. The patient is diagnosed with lumbar spine disc bulge and lumbar spine radiculitis. The patient was seen by [REDACTED] on 08/29/2013. The patient reported low back pain, mid back pain, and spasm down the left lower extremity. Physical examination revealed 3+ tenderness and spasm over the paralumbar muscles, positive straight leg raising on the right with lower extremity radicular pain, positive Kemp's testing, and hypoesthesia over the L4 dermatome on the right. Treatment recommendations included a lower extremity EMG/NCV to rule out radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV Lower extremities:** Upheld

**Claims Administrator 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

**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 Chapter, Electrodiagnostic Testing.

**Decision rationale:** The Physician Reviewer's decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. Official Disability Guidelines state electromyography may be useful to obtain unequivocal evidence of radiculopathy after 1 month of conservative therapy. Nerve conduction studies are not recommended. As per the clinical documentation submitted, there is no evidence of a failure to respond to recent conservative treatment prior to the request for an electrodiagnostic study. The medical necessity for an EMG of bilateral lower extremities has not been established. As such, the request is noncertified.