Case Number:	CM13-0041917		
Date Assigned:	01/15/2014	**Date of Injury:**	11/14/2011
Decision Date:	05/27/2014	**UR Denial Date:**	10/03/2013
Priority:	Standard	**Application Received:**	10/16/2013

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Florida. 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:

The patient is a 56 year old who was injured on 11/14/2011.The diagnoses listed are knee pain, muscle spasm, lumbar sprain and lumbar radiculopathy. [redacted] documented subjective findings of low back pain radiating to the low extremities associated with numbness. The documented objective findings are normal muscle power of 5/5, intact sensation and decreased DTR on the right lower extremity. The MRI of 9/3/2013 showed multilevel disc bulges of the lumbar spine, mild neural foramina stenosis at L4-L5 with no nerve root contact or impingement. [redacted] performed an EMG/NCS that showed left S1 radiculopathy on 7/12/2013. There was no plexopathy or peripheral neuropathy. The patient had completed physical therapy and TENS unit use with significant benefits. The medications listed are Tylenol with codeine, Terocin patch and Naproxen. A Utilization Review determination was rendered on 10/3/2013 recommending non certification of left lower extremity EMG, left lower extremity NCS, right lower extremity EMG and right lower extremity NCS.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY, LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Low Back (updated 5/10/130 EMGs (electromyography).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) CHAPTER LUMBAR AND THORACIC. EMG/NCS.

Decision rationale: The CA MTUS did not address the use of EMG/NCS in the evaluation of chronic low back pain. The investigation of neuromuscular function is fully addressed by the ODG guideline. The tests are used to clarify the existence of radiculopathy when the clinical signs are inconclusive. The tests are also used to distinguish different types of radiculopathy and neuropathy. The clinic note by [redacted] reported the absence of sensory or motor loss in the lower extremities. There was no muscle atrophy or motor deficit. The radiological tests did not show findings indicative of nerve entrapment. The criteria for diagnostic EMG/NCS was not met.

NERVE CONDUCTION STUDY, RIGHT LOWER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 5/10/13) Nerve conduction studies (NCS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK. LUMBAR AND THORACIC EMG/NCS.

Decision rationale: The CA MTUS did not address the use of NCV in the evaluation of chronic low back pain. The investigation of neuromuscular function is fully addressed by the ODG guideline. The tests are used to clarify the existence of radiculopathy when clinical signs are inconclusive. The tests can also be used to distinguish diefferent types of radiculopathy or neuropathy. [redacted] noted the absence of sensory or motor loss in the lower extremities. There was no muscle atrophy or motor deficits. The radiological tests did not show findings indicative of nerve entrapment. [redacted] reported that a 7/12/2013 EMG /NCS showed only possible left S1 radiculopathy. No changes in the clinical findings was documented. The criteria for further diagnostic was not met.

NERVE CONDUCTION STUDY, LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 5/10/13) Nerve conduction studies (NCS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK. LUMBAR AND THORACIC. EMG/NCS.

Decision rationale: The CA MTUS did not address the use of NCV in the evaluation of chronic low back pain. The investigation of neuromuscular function is fully addressed by the ODG guideline. The tests are used to clarify the existence of radiculopathy when the clinical signs are

inconclusive. The tests can also be used to distinguish different types of radiculopathy and neuropathy. [redacted] noted the absence of sensory or motor deficit in the lower extremities. There was no muscle atrophy. The radiological tests did not show findings indicative of nerve entrapment. [redacted] conducted EMG/NCS on 7/12/2013 that only showed a possible left S1 radiculopathy. The records did not show any changed in subjective or objective findings since then. The criteria for a repeat EMG/NCS was not met.