

<b>Case Number:</b>	CM13-0047132		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/13/2013
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### 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 Physical Medicine & Rehabilitation, 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 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:

This 27 year-old male sales associate sustained an injury on 5/13/13 while employed by [REDACTED]. Conservative care has included medications, rest, ice/heat application, immobilization, and PT. X-rays of 5/15/13 were negative. Initial complaints included low back pain radiating into the right inner thigh without weakness or numbness. Report of 9/18/13 from the provider noted patient with complaints of increased pain and loss of range of motion with myospasm on the low back and tingling of bilateral buttocks. Exam of the lumbar spine showed limited range; positive straight leg raise bilaterally. Diagnoses included lumbar radiculitis and lumbar disc herniation. The patient has had 9 physical therapy treatments for the lumbar spine. Request for the EMG/NCV of bilateral lower extremities was non-certified on 10/23/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ELECTROMYOGRAM (EMG) OF THE BILATERAL 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): 309.

**Decision rationale:** Per the ACOEM Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, medical necessity for EMG has not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any lumbar radiculopathy or entrapment syndrome. The request for an EMG of the bilateral lower extremities is not medically necessary and appropriate.

**NERVE CONDUCTION VELOCITY (NCV) STUDY OF THE BILATERAL 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): 309.

**Decision rationale:** Per the ACOEM Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, medical necessity for NCV has not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any lumbar radiculopathy or entrapment syndrome. The request for nerve conduction velocity studies of the bilateral lower extremities is not medically necessary and appropriate.