

<b>Case Number:</b>	CM13-0052343		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/06/2011
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 and Rehabilitation, has a subspecialty in Sports Medicine, 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 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 60-year-old female who reported an injury on 5/6/11. The mechanism of injury was noted to be cumulative trauma. Her diagnoses include lumbago and lumbosacral spondylosis without myelopathy. Her symptoms include low back pain with radiation to the left leg, as well as tingling, numbness, and weakness in the left leg. Her physical examination was noted to reveal positive lumbar facet loading bilaterally, positive straight leg raise testing on the left side, decreased sensation in the L5 and S1 distribution on the left, and tenderness to palpation over the bilateral lumbar paraspinal muscles. A recommendation was made in her most recent clinical note for an MRI of the lumbar spine, as well as EMG/NCV studies of the bilateral lower extremities to rule out radiculopathy versus peripheral nerve entrapment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCS BILATERAL LOWER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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.

**Decision rationale:** According to the California MTUS/ACOEM guidelines, electromyography may be recommended to identify subtle neurological deficits in patients with low back symptoms despite conservative treatment. In addition, the Official Disability Guidelines state that electromyography may be recommended as an option to obtain unequivocal evidence of radiculopathy, but they are not necessary if radiculopathy is already clinically obvious. In addition, the guidelines indicate that nerve conduction studies are not recommended for patients presumed to have symptoms on the basis of radiculopathy. The clinical information submitted for review indicates that at her 5/22/13 visit, the patient reported low back pain with radiation to her bilateral lower extremities which had remained unchanged since her injury. Previous EMG and NCV studies were performed on the patient's bilateral lower extremities on 4/4/12 which revealed no evidence of radiculopathy, plexopathy, or mononeuropathy. As the patient has been shown to have had low back pain with radiating pain, numbness, and tingling to her bilateral lower extremities since her injury and previous electrodiagnostic studies were normal, it is unclear why the treating physician suspects a change in these results. In the absence of significant re-injury or clear evidence of progressive neurological deficits, electrodiagnostic studies are not supported. As such, the request is non-certified.