

<b>Case Number:</b>	CM13-0069963		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/13/2008
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 injured worker is a 40-year-old female who reported an injury on 08/13/2008, due to an unknown mechanism. The clinical note dated 11/22/2013 presented the injured worker with complaints of severe aggravated lower back pain that radiated to both legs. The injured worker's physical exam revealed severe tenderness, decreased range of motion, decreased motor, and decreased sensory to the lower extremities. The injured worker was diagnosed with lumbar radiculopathy, anterior and posterior interbody fusion, moderate, severe, extreme postoperative pain, and post fusion syndromes. The provider recommended an EMG for the bilateral lower extremities and an NCV for the bilateral lower extremities. The Request for Authorization is dated 11/26/2013. The provider's rationale was not provided in the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ELECTROMYOGRAPHY (EMG) LEFT LOWER EXTREMITY:** 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): 303-305.

**Decision rationale:** The request for an EMG for the left lower extremity is not medically necessary. The California MTUS/ACOEM Guidelines state EMG, including H-reflex test, may be useful to identify subtle, focal, neurologic dysfunction in patients with low back syndrome last more than 3 or 4 weeks; however, there is evidence of a prior EMG. The documentation provided shows no evidence of changes since the prior EMG or objective findings to indicate nerve compromise or response to conservative therapy such as physical therapy or medications. Therefore, the request is not medically necessary.

**NCV RIGHT LOWER EXTREMITY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition, Chapter, Low Back Lumbar & Thoracic (Acute & Chronic), Nerve Conduction Studies.

**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, NCS

**Decision rationale:** The request for NCV for the right lower extremity is not medically necessary. The Official Disability Guidelines do not recommended NCV. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The documentation provided shows no evidence of changes since the prior studies or objective findings to indicate nerve compromise or response to conservative therapy such as physical therapy or medications. Therefore, based on the documentation provided, the request is not medically necessary.

**NERVE CONDUCTION STUDY (NCV) LEFT LOWER EXTREMITY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition, Chapter, Low Back Lumbar & Thoracic (Acute & Chronic), Nerve Conduction Studies.

**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, NCS

**Decision rationale:** The request for NCV for the left lower extremity is not medically necessary. The Official Disability Guidelines do not recommended NCV. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The documentation provided shows no evidence of changes since the prior studies or objective findings to indicate nerve compromise or response to conservative therapy such as physical therapy or medications. Therefore, based on the documentation provided, the request is not medically necessary.

**ELECTROMYOGRAPHY (EMG) RIGHT LOWER EXTREMITY:** 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): 303-305.

**Decision rationale:** The request for an EMG for the left lower extremity is not medically necessary. The California MTUS / ACOEM Guidelines state EMG, including H-reflex test, may be useful to identify subtle, focal, neurologic dysfunction in patient and patients with low back syndrome last more than 3 or 4 weeks; however, there is evidence of a prior EMG. The documentation provided shows no evidence of changes since the prior EMG or objective findings to indicate nerve compromise or response to conservative therapy such as physical therapy or medications. Therefore, the request is not medically necessary.