

<b>Case Number:</b>	CM13-0072524		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	10/03/2007
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 and Rehabilitation, has a subspecialty in Pain Management 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 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:

This is a patient with a date of injury of 10/3/07. A utilization review determination dated 11/27/13 recommends non-certification of EMG/NCS lumbar spine noting that there was no comprehensive recent physical examination identifying evidence of nerve entrapment and there was a concurrent request for EMG/NCS lower extremity. The reviewer opined that it was not clear how the request for EMG/NCV of the lumbar spine was separate from the EMG/NCS of the lower extremities. 10/24/13 progress report identifies LBP with radiation and a positive SLR. Diagnoses include impingement syndrome right shoulder, sciatica, and cervical strain. The provider recommends pain management, EMG NCS back/LE, and a second opinion. 10/3/13 lumbar spine MRI report identifies L4-5 4 mm protrusion with minimal proximal foraminal stenosis and no central canal stenosis. At L2-3, there is a 2 mm predominantly left lateral bulge in the annulus and minor anterior spondylosis and no significant central or foraminal stenosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for EMG/NCS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

**Decision rationale:** Regarding the request for EMG/NCS Lumbar Spine, CA MTUS cites that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the medical information available for review, the provider identifies low back pain with radiation and a positive straight leg raise. There is no documentation of any symptoms/findings consistent with the involvement of any specific dermatomes and/or myotomes to represent a focal neurologic dysfunction. Furthermore, there are no symptoms/findings suggestive of a peripheral neuropathy for which the nerve conduction study component would be indicated. In light of the above issues, the currently requested EMG/NCS Lumbar Spine is not medically necessary.