

<b>Case Number:</b>	CM14-0000261		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	10/12/2012
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 Occupational Medicine, 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain and chronic neck pain associated with an industrial injury sustained on October 12, 2012. Thus far, the applicant has been treated with analgesic medications, opioid therapy, transfer of care to and from various providers in various specialties, unspecified amounts of physical therapy, topical compounded agents, and extensive periods of time off of work. An earlier EMG/NCS report of June 24, 2013 was notable for comments that the applicant denied any history of diabetes, thyroid disease, or neurologic disease. Electrodiagnostic testing of the lower extremities was performed and apparently notable for an abnormal EMG suggestive of an L5-S1 radiculopathy with a normal nerve conduction test. A later note of May 23, 2013 was notable for comments that the applicant remained off of work, on total temporary disability, as of that time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV LUMBAR:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ankle and Foot Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 14), Table 14-6, page 377.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, electrical studies such as nerve conduction testing are not recommended without clear-cut evidence of a tarsal tunnel syndrome or suspicion of other entrapment neuropathies. In this case, there is no mention or suspicion of any lower extremity entrapment neuropathy present here. The applicant denied any history of diabetes, hypertension, hypothyroidism, or other systemic disease process which would have predisposed the applicant toward any of the aforementioned issues. The applicant was only 28 years old as of the date of the request. All of the above, taken together, do not imply a lower extremity peripheral neuropathy or other entrapment neuropathy for which electrical studies would have been indicated. As such, the request is not medically necessary.

**EMG LUMBAR:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, , PAGES 303-305

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), Table 12-8, page 309.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 12 supports EMG testing to help clarify diagnosis of nerve root dysfunction, in this case the applicant had already had earlier electrodiagnostic testing on June 2013 which had already established a diagnosis of L5-S1 radiculopathy. It is unclear why repeat testing was sought, as the applicant already had a definitive diagnosis of clinically evident, electrodiagnostically confirmed lumbar radiculopathy as of the date of the request. As such, the request is not medically necessary.