

<b>Case Number:</b>	CM14-0100434		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	03/24/2014
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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:

This case is a 60 year old male with a date of injury on 3/24/2014. A review of the medical records indicate that the patient has been undergoing treatment for low back pain, left lumbosacral radiculopathy, and lumbar strain. Subjective complaints (7/16/2014) include left low back pain with left leg problems and no new tingling or numbness. Objective findings EMG/NCV of the left lower extremity (7/9/2014) revealed S1 radiculopathy. On 7/16/2014, normal right lower extremity examination and abnormal left lower extremity examination. Treatment has included NSAIDS. A utilization review dated 6/17/2014 certified a request for EMG and NCS of the left lower extremity and non-certified the following: Electromyography (EMG) Right Lower Extremity; Nerve Conduction study (NCS) Right Lower Extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), EMG, NCV

**Decision rationale:** ACOEM recommends "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." ODG further states that EMG is "Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The medical notes refer to left leg pain and pathology, as corroborated by the EMG performed. The treating physician does not describe any right leg pathology that would warrant concerns or necessitate additional evaluation. Additionally, the medical records do not detail what conservative therapy was tried and failed. As such, the request for Electromyography (EMG) Right Lower Extremity is not medically necessary.

**Nerve Conduction study (NCS) 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), EMG, NCV

**Decision rationale:** ODG does not recommend NCV testing by stating "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The medical notes refer to left leg pain and pathology, as corroborated by the EMG performed. The treating physician does not describe any right leg pathology that would warrant concerns or necessitate additional evaluation. Additionally, the medical records do not detail what conservative therapy was tried and failed. NCS is not recommended per guidelines. As such, the request for Nerve Conduction study (NCS) Right Lower Extremity is not medically necessary.