

<b>Case Number:</b>	CM14-0104983		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	03/09/2011
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 39-year-old male who reported an injury on 03/09/2011 after a nail scratched his entire left lower extremity. The injured worker ultimately developed low back pain that resulted in a lumbar fusion at L5-S1 on 10/23/2013. The injured worker was evaluated on 06/03/2014. It was noted that there was a nonunion of the L5-S1. It was also noted that an electromyography would assist in treatment planning. Physical findings included decreased sensation in the mid left thigh with an absent ankle reflex of the left lower extremity and a negative straight leg raising test. The injured worker's diagnoses included pseudoarthrosis of the lumbar spine, spinal stenosis of the lumbar region, and spondylolisthesis. Electrodiagnostic study was requested to evaluate the L5 nerve root and determine treatment planning due to non-fusion. A Request for Authorization was submitted; however, it was not dated or signed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG of the 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 (ODG) Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The American College of Occupational and Environmental Medicine recommends electrodiagnostic studies for lower extremities when there is evidence of radiculopathy that is not specifically correlative to a nerve root pattern or nerve root distribution. The clinical documentation submitted for review does indicate that the injured worker has a negative ankle deep tendon reflex and a decreased knee deep tendon reflex. However, there is also decreased sensation in the mid left thigh. However, there is no indication of right sided involvement. Therefore, an electrodiagnostic study for the right lower extremity would not be indicated. As such, the requested EMG of the right lower extremity is not medically necessary.

**NCS of the 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 (ODG) Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The American College of Occupational and Environmental Medicine recommends electrodiagnostic studies for lower extremities when there is evidence of radiculopathy that is not specifically correlative to a nerve root pattern or nerve root distribution. The clinical documentation submitted for review does indicate that the injured worker has a negative ankle deep tendon reflex and a decreased knee deep tendon reflex. However, there is also decreased sensation in the mid left thigh. However, there is no indication of right sided involvement. Therefore, an electrodiagnostic study for the right lower extremity would not be indicated. As such, the requested NCS of the right lower extremity is not medically necessary.