

<b>Case Number:</b>	CM14-0014279		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	04/11/2007
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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:

Injured worker is a male with date of injury 4/11/2007. Per the pain medicine workers' compensation consultative treating physician's progress report dated 8/20/2013, the injured worker was last seen on 4/17/2013 with a new request for right sacroiliac joint injection. He was subsequently seen on 5/15/2013 and 6/26/2013 for recheck with no new request. He currently complains of persistent low back pain rated at 8/10 in severity, which he describes as dull and achy type of pain associated with soreness. His pain is worse with standing and prolonged driving and it improves with lying in supine position. He recently had right knee surgery done on 7/9/2013. His low back pain predeominantly radiates o the right lower extremity associated with tingling and numbness up to the right foot. His tingling and numbness is most pronounced on the lateral aspect of the right leg. Combination of current medications is helping for pain and he is requesting refill of his medications. On examintion his height is 6 feet 0 inches, weight is 300 pounds, blood pressure 138/90, heart rate 116, and respiratory rate is 17. He is alert, oriented and pleasant to work with. Spasms are noted in the lumbar paraspinal muscles. Straight-leg raising aggravates his low back pain on the right side without frank radiation to the right lower extremity. Dysesthesia is noted to light touch in the right L5 dermatome. Diagnoses include 1) low back pain 2) lumbar and sacral osteoarthritis 3) sciatica.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG (Electromyography) of the 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-Treatment in worker's Compensation, 2014, Low Back , lumbar and Thoracic Electrodiagnostic studies (EDS).

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

**Decision rationale:** Per the claims administrator, the request for an electromyography and nerve conduction velocity (EMG/NCS) of the lower extremity was made since the injured worker was being considered for spinal cord stimulation. The claims administrator also notes that the injured worker had an EMG/NCS of bilateral lower extremities on 6/3/2008 that revealed right L5 more likely than L4 or S1 acute to subacute radiculopathy without chronic features. Dysethesia is also noted in the right L5 dermatome on physical examination. Per the MTUS Guidelines, an EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. An EMG would not be necessary for this injured worker who already has identified pathology. The request for an EMG (electromyography) of the lower extremity is not medically necessary.

**NCS (nerve conduction study) of the 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-Treatment in worker's Compensation, 2014, Low Back, lumbar and Thoracic Nerve Conduction studies (NCS).

**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 Chapter, Nerve conduction studies (NCS) section.

**Decision rationale:** The California MTUS Guidelines do not specifically address nerve conduction studies of the lower extremities. Per the ODG, nerve conduction studies are not recommended because there is minimal justification of performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The request for the NCS (nerve conduction study) of the lower extremity is not medically necessary.