

<b>Case Number:</b>	CM14-0118956		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	08/22/2010
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 48-year-old male who reported an injury on 06/22/2010. The mechanism of injury was not submitted for clinical review. The diagnoses included cervical spinal stenosis with multilevel degenerative disc disease, lumbar spinal stenosis with multilevel degenerative disc disease, and right shoulder impingement syndrome. The previous treatments included physical therapy, cognitive behavioral therapy, home exercise program, and medications. Within the clinical note dated 07/07/2014, it was reported the injured worker complained of right leg pain. The injured worker reported having numbness, tingling sensation in the right leg. He reported having pain in his leg and having difficulty with standing, walking. On the physical examination, the provider noted positive tenderness to palpation of the right paralumbar spine. The injured worker had a positive limp on the right. There was diffuse sensation in the right lower extremity. The injured worker had a negative straight leg raise. The provider noted deep tendon reflexes in the patella at 3/4. The provider requested an EMG/NCV of the lower extremities to evaluate radicular symptoms and increase right leg pain. The Request for Authorization was submitted and dated 07/08/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG (Electromyelography) study of the L spine left 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 rationale:** The request for an EMG of the lumbar spine of the left lower extremity is not medically necessary. The California MTUS/ACOEM Guidelines note an EMG study is useful to assist with identification of neurological dysfunction in a patient with low back symptoms when examination findings are unclear. The guidelines recommend their documentation of failure of conservative care to alleviate symptoms. The clinical documentation submitted lacks significant neurological deficits such as decreased sensation of motor strength in a specific dermatomal or myotomal distribution of the left lower extremity. Additionally, there is a lack of documentation of the failure of conservative therapy. Therefore, the request is not medically necessary. The clinical documentation submitted indicated the injured worker had right sided symptoms.

**NCV (Nerve Conduction Velocity) study of the L spine left lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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, Nerve Conduction Study

**Decision rationale:** The California MTUS Guidelines do not recommend nerve conduction studies, as there is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. There is a lack of significant clinical documentation such as decreased sensation of motor strength in a specific dermatomal or myotomal distribution of the left lower extremity. The clinical documentation indicated deficits of the right lower extremity. Additionally, there is a lack of documentation warranting the injured worker had failed on conservative therapy. Therefore, the request is not medically necessary.