

<b>Case Number:</b>	CM14-0169432		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	06/01/2011
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

7/2/14 note indicates back pain radiating down the right lower extremity to the calf. Pain is occurring in the back with numbness. There is no aggravation with Valsalva maneuver. On examination there was no muscle spasm or tenderness. Lying supine, there was limited straight leg raise with positive foot dorsiflexion and negative cram testing. The sensory examination was normal. Deep tendon reflexes were symmetric. Strength was graded 5/5 bilateral. Seated, there was negative straight leg raise and negative back pain, and negative foot dorsiflexion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyogram (EMG)/nerve conduction velocity (NCV) exam of the bilateral lower extremities:** 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), Lumbar Chapter and Pain Chapter

**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, EMG

**Decision rationale:** The medical records provided for review indicate normal neurologic findings in regard to motor, sensory and reflex testing. ODG guidelines support 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. As there is no finding of neurologic abnormality and no indication of radiculopathy, the medical records do not support a medical necessity for EMG/NCV of the lower extremity.