

<b>Case Number:</b>	CM14-0169479		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	10/08/2007
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	10/01/2014
<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 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 patient is a 50 y/o male who has developed chronic low back pain subsequent to a fall 11/08/08. He underwent a 2 level fusion and L4-S1 in 2009. Subsequently he had another surgery in 2013. This involved hardware removal from the prior surgery and extending the fusion to L3-4. Since the second surgery he has had increased bilateral leg burning and discomfort. He has been diagnosed with an S1 radiculopathy that has not been supported by any documented deficit that follows a specific dermatomal deficit. An S1 radiculopathy is diagnosed, but no exam findings are reported that support this. A recent lumbar CT scan did not find a significant compression that would involve the S1 nerve roots. The bilateral lower extremity EMS/EMG is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCS bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 303.

**Decision rationale:** MTUS Guidelines supports the use of electrodiagnostic testing is there are neurological changes that are not well confirmed by other methods. The requesting physician fails to document any neurological changes or any detailed exam that corresponds to the stated diagnosis. Under these circumstances the requested testing is no Guideline supported. The requested EMG/ NCV (Electromyography)/ (nerve conduction velocity) of the bilateral low extremities is not medically necessary.