Case Number:	CM14-0050788		
Date Assigned:	07/07/2014	**Date of Injury:**	02/21/2013
Decision Date:	09/30/2014	**UR Denial Date:**	03/20/2014
Priority:	Standard	**Application Received:**	04/17/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 60-year-old female was reportedly injured on February 21, 2013. The mechanism of injury is noted as missing a step while climbing up steps. The most recent progress note, dated February 21, 2014, indicates that there are ongoing complaints of low back pain radiating to the right lower extremity. The physical examination demonstrated pain with lumbar spine flexion and extension. There was a positive right-sided straight leg raise test and decreased sensation at the right-sided L3 and L4 dermatomes. Diagnostic imaging studies of the lumbar spine showed moderate to severe lumbar spondylosis, moderate to severe disk space narrowing at L3 - L4, and severe disk space narrowing at L4 - L5. Previous treatment includes oral medications. A request had been made for EMG and NCV studies of the left and right lower extremities and was not certified in the pre-authorization process on March 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG, right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation, Online EditionChapter Low back -Lumbar and Thoracic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a CT or MRI is equivocal and there are ongoing lower extremity symptoms. The injured employee has signs and symptoms consistent with a radiculopathy, and a lumbar spine MRI shows disc space narrowing at both L3 - L4 and L4 - L5. Therefore, an EMG and NCV studies of the left and right lower extremity would not change the current treatment recommendations and is not considered medically necessary.

Nerve Conduction Study (NCV) left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation, Online Edition.Chapter:Low back - Lumbar and Thoracic. Nerve conduction studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a CT or MRI is equivocal and there are ongoing lower extremity symptoms. The injured employee has signs and symptoms consistent with a radiculopathy, and a lumbar spine MRI shows disc space narrowing at both L3 - L4 and L4 - L5. Therefore, an EMG and NCV studies of the left and right lower extremity would not change the current treatment recommendations and is not considered medically necessary.

Nerve Conduction Study (NCV) right lower extremity.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation, Online EditionChapter Low Back - Lumbar & thoracic. Nerve Conduction Studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a CT or MRI is equivocal and there are ongoing lower extremity symptoms. The injured employee has signs and symptoms consistent with a radiculopathy, and a lumbar spine MRI shows disc space narrowing at both L3 - L4 and L4 - L5. Therefore, an EMG and NCV studies of the left and right lower extremity would not change the current treatment recommendations and is not considered medically necessary.

EMG left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation, Online EditionChapter Low back -Lumbar and Thoracic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a CT or MRI is equivocal and there are ongoing lower extremity symptoms. The injured employee has signs and symptoms consistent with a radiculopathy, and a lumbar spine MRI shows disc space narrowing at both L3 - L4 and L4 - L5. Therefore, an EMG and NCV studies of the left and right lower extremity would not change the current treatment recommendations and is not considered medically necessary.