

<b>Case Number:</b>	CM14-0073057		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	07/25/2013
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 is a 46 year old female with a 7/25/2013 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 4/5/14 noted subjective complaints of constant moderate low back pain, rated at 7/10 on VAS scale. Objective findings included normal lower extremity motor strength, sensation, and symmetric DTRs. An MRI of the lumbar spine dated 11/11/13 noted L5-S1 disc bulging measuring 1.5 mm and L4-L5 disc bulging measuring 1.5 mm. There was notation in the provided documentation that a prior EMG of the lower extremities was positive for lumbar radiculopathy. Diagnostic Impression showed Lumbar disc disease. The treatment to date includes chiropractic therapy, and medication management. A UR decision dated 4/24/14 denied the request for EMG/NCV bilateral lower extremities. There is no documentation of an interval injury or progressive neurologic findings to support the medical necessity of a repeat study. There is no documentation of findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG- Bilateral Lower Extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - eletromyography.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter EMG/NCV.

**Decision rationale:** CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. However, there is documentation that a prior EMG of the bilateral lower extremities was performed which was positive for radiculopathy. Additionally, there is no documentation of any significant change in the patient's neurological condition. There has been no new injury noted. It is therefore unclear what a repeat EMG would offer especially in light of a reported previously positive study for radiculopathy. Therefore, the request for EMG-bilateral lower extremities was not medically necessary.

**NCV- Bilateral Lower Extremities:** 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter EMG/NCV.

**Decision rationale:** CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. However, there is documentation that a prior EMG of the bilateral lower extremities was performed which was positive for radiculopathy. Additionally, there is no documentation of any significant change in the patient's neurological condition. There has been no new injury noted. It is therefore unclear what a NCV would offer especially in light of a reported previously positive EMG for radiculopathy. Therefore, the request for NCV-bilateral lower extremities was not medically necessary.