Case Number:	CM14-0076666		
Date Assigned:	07/18/2014	**Date of Injury:**	01/28/2013
Decision Date:	09/16/2014	**UR Denial Date:**	04/24/2014
Priority:	Standard	**Application Received:**	05/27/2014

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 Management 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 patient with a date of injury of 1/28/13. A utilization review determination dated 4/24/14 recommends non-certification of EMG/NCV (Electromyography / Nerve Conduction Velocity) of LLE (left lower extremity). It noted that the patient previously underwent EMG/NCV of the lower extremities on 7/1/13 that revealed an acute left L5-S1 radiculopathy and mild right medial and lateral plantar sensory demyelinating neuropathies. 4/15/14 medical report identifies improved pain about the lateral aspect of the hip after the greater trochanteric bursa injection. Pain in the low back and LLE (left lower extremity) is unchanged. He has a feeling of heaviness and weakness in the left leg. He has had prior episodes of leg buckling as well as radiating numbness and tingling down the whole leg. On exam, the LLE (left lower extremity) has 5-/5 strength about the left iliopsoas, anterior tibialis, and EHL (Extensor Hallucis Longus). An MRI was reported to not provide a clear explanation for his LLE (left lower extremity) symptoms and an EMG/NCV (Electromyography / Nerve Conduction Velocity) was recommended to assess for evidence of radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV (Electromyography / Nerve Conduction Velocity) of the left lower extremity:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 309. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES-LUMBAR AND THORACIC.

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, Electrodiagnostic Studies.

Decision rationale: Regarding the request for EMG/NCV of the left lower extremity, CA MTUS and ACOEM state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, it appears that the patient underwent electrodiagnostic testing less than one year prior to the current request, and that testing revealed an acute left L5-S1 radiculopathy. There is no clear rationale identifying the medical necessity of repeating the testing rather than utilizing the prior findings to help develop an appropriate treatment plan. In the absence of clarity regarding these issues, the currently requested EMG/NCV of the left lower extremity is not medically necessary.