

<b>Case Number:</b>	CM14-0089933		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	07/15/2001
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Internal Medicine & Emergency 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:

This patient is a 52 year-old with a date of injury of 07/15/01. A progress report associated with the request for services, dated 04/25/14, identified subjective complaints of low back pain radiating into the left lower extremity with associated numbness. Objective findings did not include a physical examination. MRI was noted to show disc bulging and stenosis. Diagnoses included (paraphrased) lumbar disc disease; stenosis of the lumbar spine; and lumbar radiculopathy. Treatment had included physical therapy, acupuncture, oral and topical NSAIDs, muscle relaxants, and oral analgesics. There was an ongoing request for EMG/NCS. A Utilization Review determination was rendered on 05/13/14 recommending non-certification of "EMG for the bilateral lower extremities; NCV for the bilateral lower extremities".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG for the bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303; 309.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) states that for clinically obvious radiculopathy, electromyography (EMG) is not recommended. They note that an EMG may be indicated when the neurological exam is less clear before ordering imaging studies. There is no documentation that the physical examination is unclear or that imaging studies are contemplated. In this case, the patient exhibits symptoms of a radiculopathy. Likewise, the findings are unilateral and the request is for a bilateral EMG. Therefore, the record does not document the medical necessity for an electromyogram.

**NCV for the bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**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, Nerve Conduction Studies (NCS).

**Decision rationale:** The Medical Utilization Treatment Schedule (MTUS) does not address nerve conduction studies with low back injury. The Official Disability Guidelines (ODG) state that nerve conduction studies are: "... not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." There is no documentation of the necessity to further define a radiculopathy. In this case, the patient's symptoms are compatible with a radiculopathy. Likewise, the findings are unilateral and the request is for a bilateral NCS. Therefore, the record does not document the medical necessity for a nerve conduction study.