

<b>Case Number:</b>	CM14-0095297		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	09/11/2013
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 Family Medicine and is licensed to practice in North Carolina. 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 claimant had a date of injury of 9/11/2013 when she was assaulted by a student on the bus. Diagnosis is lumbar radiculopathy. Prior treatments have included medication, physical therapy, rest, acupuncture. Recommendations include plan for pain management assessment for possible facet joint injections and electrodiagnostic studies to investigate left leg numbness in the distribution of L4. Physical examination findings include positive straight leg raise on left and numbness in L4 distribution. MRI results document facet arthropathy L3-L4, L4-L5 and L5-S1 for which facet joint injections were recommended and foraminal narrowing left greater than right at L4 with the recommendation or correlate with any L4 radicular symptoms. The request is for EMG and PNCV of bilateral lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG testing of the 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, Low Back, EMG's (electromyography)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** CA MTUS/ACOEM allows for the use of EMG and NCV for the evaluation of radiculopathy and peripheral neuropathy when symptoms are present for more than a few weeks. These tests may help identify subtle focal neurologic dysfunction in cases of lower extremity symptoms. The submitted records describe symptoms consistent with the MRI findings. There is no clear indication for electrodiagnostic studies when the MRI findings are consistent with the physical examination findings. EMG studies of bilateral lower extremities are not indicated.

**NCV of 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, Low Back, NCV (nerve conduction studies)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** CA MTUS/ACOEM allows for the use of EMG and NCV for the evaluation of radiculopathy and peripheral neuropathy when symptoms are present for more than a few weeks. These tests may help identify subtle focal neurologic dysfunction in cases of lower extremity symptoms. The submitted records describe symptoms consistent with the MRI findings. There is no clear indication for electrodiagnostic studies when the MRI findings are consistent with the physical examination findings. NCV studies of bilateral lower extremities are not indicated.