Case Number:	CM14-0138806		
Date Assigned:	09/05/2014	**Date of Injury:**	10/22/2007
Decision Date:	02/05/2015	**UR Denial Date:**	07/18/2014
Priority:	Standard	**Application Received:**	08/27/2014

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, 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 64 year old male who sustained a work related injury On October 22, 2007. The injury occurred secondary to running. Most current documentation dated 07/29/14 notes that the injured worker continued to have low back pain. The pain was described as sharp and stabbing at times which radiated into the bilateral hips, groin and into the legs. The injured worker reported that rest alleviated the pain. Pain medication decreased the pains intensity and allowed for activities of daily living. Physical examination of the lumbar spine revealed spasm and tenderness of the paraspinal muscles. Range of motion showed flexion to be 55 degrees, extension 25 degrees, left bending 30 degrees and right bending 30 degrees. A straight leg raise was positive at 75 degrees with lumbar five-sacral one distribution. A cervical spine examination revealed decreased range of motion and positive Spurling and Foramina tests. Muscle tightness and spasms were also noted. Diagnostic studies included an MRI of the cervical spine dated 06/16/2014 and an MRI of the lumbar spine dated 06/30/2014. The MRI of the lumbar spine revealed herniated discs and neural foraminal stenosis. MRI of the cervical spine revealed herniated discs and hypolordosis of the cervical spine. Diagnoses include herniated cervical discs with radiculitis/radiculopathy and herniated lumbar discs with radiculopathy. Utilization Review documentation dated 07/18/14 notes that the injured worker had at least three lumbar epidural steroid injections. The treating physician requested an electromyography (EMG) and nerve conduction velocity study (NCV) of the bilateral lower extremities. Utilization Review evaluated and denied the request for a bilateral EMG and NCV of the lower extremities on 7/18/2014. The request was denied due to lack of a current description of the injured workers symptoms and the physical examination does not provide sufficiently detailed and current information about the area in question to assess the condition properly. The medical necessity of the request is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG) for bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for electromyogram (EMG) for bilateral lower extremities is not medically necessary. According to the California MTUS/ACOEM Guidelines, EMGs are used to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. In addition, the guidelines indicate that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. However, when the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The clinical information and imaging studies indicated the injured worker had symptoms of radiculopathy. There was also a lack of documentation to indicate sufficient evidence that the injured worker did not respond to treatment and would consider surgery an option. As his physical examination and diagnostic studies already indicate the findings of radiculopathy, the request for a bilateral lower extremities EMG would not be supported by the evidence based guidelines. As such, the request for electromyogram (EMG) for bilateral lower extremities is not medically necessary.

Nerve Conduction Velocity (NCV) for bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 study (NCS)

Decision rationale: The request for a nerve conduction velocity (NCV) for bilateral lower extremities is not medically necessary. According to the Official Disability Guidelines, nerve conduction studies are not recommended, as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The clinical information and imaging studies indicated the injured worker had symptoms of radiculopathy. There was also a lack of documentation to indicate sufficient evidence that the injured worker did not respond to treatment and would consider surgery an option. As his physical examination and diagnostic studies already indicate the findings of radiculopathy, the request for a nerve conduction velocity (NCV) for bilateral lower extremities is not medically necessary.