

<b>Case Number:</b>	CM14-0173914		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	08/16/2011
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 31 year old male with an injury date on 8/16/11 . The patient complains of constant low lumbar pain radiating to left lower extremity with numbness/tingling, rated 5/10 per 7/17/14 report. The patient denies any GI symptoms with use of medications, which include Ambien, Norco, Prilosec per 5/23/14 report. The patient's condition is not significantly changed per 6/11/14 report. Based on the 7/17/14 progress reported provided by the treating physician, the diagnoses are:1. lumbar radiculitis2. lumbar disc protrusion3. lumbar s/sA physical exam on 7/17/14 showed "L-spine range of motion is reduced with extension at 10 degrees." The patient's treatment history includes medications (Norco, Terocin pain patch, Methoderm gel, Prilosec, Ambien) a, home exercise program. The treating physician is requesting EMG/NCV of bilateral lower extremities. The utilization review determination being challenged is dated 9/23/14. The requesting physician provided treatment reports from 5/23/14 to 7/17/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV of 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, Chapter 14 Ankle and Foot Complaints Page(s): 303; 366-367.

**Decision rationale:** This patient presents with lower back pain, left lower extremity pain. The treater has asked for EMG/NCV of bilateral lower extremities on 7/17/14. The review of the records does not show prior EMG or NCV studies. Regarding electrodiagnostic studies of lower extremities, ACOEM page 303 support EMG and H-reflex tests to determine subtle, focal neurologic deficit. Regarding nerve conduction velocities, "ODG does not support NCV studies for symptoms that are presumed to be radicular in nature." In this case, the treater has asked for EMG lower extremities which are reasonable considering the patient's persistent radicular symptoms into the left lower extremity. However, only left-sided radicular symptoms were documented in physical exam and the request is for bilateral leg EMG. In addition, NCV studies are not indicated for radicular symptoms per ODG guidelines. The request for EMG/NCV bilateral lower extremities is not medically necessary.