

<b>Case Number:</b>	CM14-0184859		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	09/07/1998
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 69 year old patient with date of injury of 09/07/1998. Medical records indicate the patient is undergoing treatment for discogenic lumbar condition with radicular component down the left lower extremity, disturbances in sleep due to chronic pain, stress, depression and inactivity due to chronic pain. Subjective complaints include shooting pain down to the left leg with numbness, limited bending, standing and walking. Objective findings include weakness to quadriceps function as well as foot extension with sensory deficits along the left lower extremity, flexion is 30 degrees and extension is 10 and slight antalgic gait. Treatment has consisted of cane, back brace, hot and cold wraps, H-wave and TENS unit, Norco, Flexeril, Neurontin, Nalfon and Lidopro cream. The utilization review determination was rendered on 10/24/2014 recommending non-certification of Nerve studies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nerve studies:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS)

**Decision rationale:** ACOEM states "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." ODG states in the Low Back Chapter and Neck Chapter, "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Medical records already indicate clinical obvious radiculopathy: "shooting pain is persistent down to the left leg with numbness" and therefore nerve studies would not be indicated for this patient. The treating physician has not provided adequate documentation as to why this request is being made when the patient displays symptoms of radiculopathy nor have they specified what type of nerve studies are being requested. As such, the request for Nerve studies is not medically necessary.