

<b>Case Number:</b>	CM14-0187071		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	12/24/2011
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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 worker sustained a low back injury on December 24, 2011. According to the physician's progress report of October 21, 2014, he was complaining of low back pain and falling due to legs giving out. He had known polyneuropathy from a previous NCV/EMG. He complained of numbness and weakness. Physical exam revealed less than normal lumbar spine range of motion and less than normal strength and reflexes of the lower extremities. Diagnoses included lumbar facet arthropathy; numbness, tingling, lower extremities with worsening polyneuropathy; gait instability; abnormal posture; morbid obesity; lumbar discogenic pain; lumbar degenerative disc disease; lumbar radiculopathy; disorders of sacrum, severe pain; coccydynia. Medications included Anaprox, certizine, Norco, gabapentin for neuropathic pain, Prilosec, and Norflex. EMG/NCS of bilateral lower extremities was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG and nerve conduction study (NCS) bilateral lower extremity:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Special Studies and Diagnostic and Treatment Considerations. Decision based on Non-MTUS Citation ODG Low Back (updated 08/22/14) EMGs (eletromyography)/(NCS) Nerve conduction studies

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)  
Section: Low Back, Topic: Electromyography, Nerve Conduction Study

**Decision rationale:** According to the MTUS, electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. Nerve conduction studies on the other hand are not recommended according to the ODG and there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Furthermore, EMG's are not necessary if radiculopathy is already clinically obvious. Given that this worker has pre-established diagnoses of both lumbar radiculopathy and lower extremity polyneuropathy from a previous EMG/NCS, repeat EMG/NCS would not be expected to add any further diagnostic clarity regarding his weakness. It is not medically necessary to repeat the EMG/NCS.