

<b>Case Number:</b>	CM14-0201922		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	03/12/2014
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Rehab, 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 21 year-old patient sustained an injury on 3/12/14 while employed by [REDACTED]. Request(s) under consideration include EMG/NCV of the right lower extremity. Diagnoses include Lumbar disc degeneration/ sprain/strain/ radiculopathy/ and LSDI. Conservative care has included medications, therapy, acupuncture, and modified activities/rest. Medications list Tramadol, Flexeril, and Mobic. The patient continues to treat for chronic symptoms. Report of 10/22/14 from the provider noted continued low back and lower extremity pain radiating to left mid-thigh associated with numbing and tingling sensation rated at 6/10. Exam of the lumbar spine showed lumbosacral tenderness with painful range; positive SLR on left side; some weakness in left lower extremity. Treatment included EMG/NCV of bilateral lower extremities, electro-acupuncture, PT, and FCE. The EMG/NCV of the left lower extremity was authorized. The request(s) for EMG/NCV of the right lower extremity was non-certified on 10/29/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV of the right lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 309.

**Decision rationale:** Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis on imaging, medical necessity for EMG has not been established. Submitted reports have not demonstrated any correlating symptoms and clinical findings to suggest any lumbar radiculopathy, only with continued chronic pain with tenderness without specific consistent myotomal or dermatomal correlation to support for these electrodiagnostic studies. Per Guidelines, NCS is 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; hence, NCS without suspicion or findings of entrapment syndrome has not been established to meet guidelines criteria. Electrodiagnostic studies for ongoing pain complaints that raise questions about whether there may be a neurological compromise that may be identifiable (i.e., leg symptoms consistent with radiculopathy, spinal stenosis, peripheral neuropathy, etc.) may be appropriate; however, submitted reports have not demonstrated any correlating symptoms and clinical findings to suggest peripheral neuropathy, or entrapment syndrome, but only with continued chronic lumbar radicular pain. The EMG/NCV of the right lower extremity is not medically necessary and appropriate.