

<b>Case Number:</b>	CM14-0208048		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	05/29/2014
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 Internal Medicine 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 an injured worker with a history of lumbar radiculopathy. Date of injury was May 29, 2014. The comprehensive primary treating physician's report dated November 6, 2014 documented a diagnosis of lumbar radiculopathy. The patient states that on May 29, 2014, he was assembling products. As he lifted over his head an object, he experienced a local burning pain in his lower back. He stopped working and reported the injury to his manager as he was unable to continue lifting. In July 2014, the patient commenced with physical therapy for his lower back, per [REDACTED] recommendations. Therapy treatments consisted of electrical stimulation and heat and cold application. He finished the physical therapy until August 6, 2014. On October 23, 2014, the patient started receiving acupuncture therapy for his low back. He reports that he finished five sessions of acupuncture treatment and has one more pending session. He indicates that the acupuncture therapy provides significant relief after each session but the pain returns with bending and prolonged standing and sitting. The patient states prior to the above noted injury he had no disabling conditions and could perform all activities of daily living without any difficulties. The patient states since the above mentioned work related injury there are episodes of increased pain to his neck, lower back, hips, legs, left knee and left foot, causing him difficulty taking a shower, getting dressed, doing house chores, grocery shopping, pushing, pulling, bending, stooping, squatting, standing, walking, reaching, lifting and carrying. The patient complained of constant burning pain in his lower back. His pain radiates to his left buttocks. He experiences numbness and his pain is aggravated when working. The straight leg raise test was positive. On September 12, 2014, the patient underwent an MRI magnetic resonance imaging scan of the back, which revealed nerve disc compression in the third and fourth lumbar vertebrae. The treatment plan included a request for electromyography (EMG) and nerve conduction study (NCS) of bilateral lower extremities.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCS Body Part: Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 308-309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back, Lumbar & Thoracic (Acute & Chronic) Nerve conduction studies (NCS).

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses electromyography (EMG). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints state that EMG for clinically obvious radiculopathy is not recommended. Official Disability Guidelines (ODG) Low Back, Lumbar & Thoracic (Acute & Chronic) states that nerve conduction studies (NCS) are not recommended. The comprehensive primary treating physician's report dated November 6, 2014 documented a diagnosis of lumbar radiculopathy. The patient complained of constant burning pain in his lower back. His pain radiates to his left buttocks. He experiences numbness and his pain is aggravated when working. The straight leg raise test was positive. On September 12, 2014, the patient underwent an MRI magnetic resonance imaging scan of the back, which revealed nerve disc compression in the third and fourth lumbar vertebrae. American College of Occupational and Environmental Medicine (ACOEM) indicates that EMG electromyography for clinically obvious radiculopathy is not recommended. The 11/6/14 physician's report documented clinically obvious radiculopathy. Per ACOEM, EMG electromyography is not supported. Official Disability Guidelines (ODG) indicates that nerve conduction studies (NCS) are not recommended for low back disorders. Therefore, the request for EMG/NCS Body Part: Lumbar Spine is not medically necessary.