

<b>Case Number:</b>	CM14-0209765		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	04/01/2011
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### 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 41 year old patient with date of injury of 04/01/2011. Medical records indicate the patient is undergoing treatment for degenerative disc disease L5-S1. Subjective complaints include back and left leg pain, described as constant. Objective findings include pain with 30 degrees of flexion, 10 degrees of extension and neurologically intact. MRI of lumbar spine dated 07/2014 revealed moderate disc desiccation and moderate decreased disc height posteriorly, about 5mm broad right and central disc protrusion with only minimal indentation of the ventral thecal sac; mild facet ligamentum flavum degenerative changes are noted; no significant degenerative central canal stenosis; no definite impingement of the S1 nerve roots identified and mild bilateral foraminal narrowing predominantly due to decreased disc height. Treatment has consisted of physical therapy, Norco and transforaminal epidural injections. The utilization review determination was rendered on 11/20/2014 recommending non-certification of EMG/NCS BLE.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCS BLE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2ND EDITION (2004) LOW BACK DISORDERS DIAGNOSTIC INVESTIGATIONS

**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. Electrodiagnostic studies should be performed by appropriately trained Physical Medicine and Rehabilitation or Neurology physicians. See also Monofilament testing". The treating physician notes that the patient has had a previous EMG certified on 02/07/2014 but does not document the results of that EMG. Without clarification if this test was performed and the results of this test, certification of the requested EMG cannot be granted. As such the request for EMG/NCS BLE is not medically necessary.