

<b>Case Number:</b>	CM14-0216925		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	07/11/2014
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2014

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a forty year old male who sustained a work-related injury on July 11, 2014. A request for a bilateral lower extremity EMG and Nerve Conduction Studies was denied by Utilization Review (UR) on December 5, 2014. The UR physician utilized the ACOEM guidelines and the Official Disability Guidelines (ODG) Low Back Chapters in the determination. The UR physician determined that the medical record provided for review did not clearly support radiculopathy and reported a normal neurological examination. The request for bilateral lower extremity EMG and Nerve Conduction Studies was not certified. A request for Independent Medical Review (IMR) was initiated on December 26, 2014. The medical documentation provided for IMR included a physician's report dated November 17, 2014 which indicated the injured worker complained of lumbosacral pain and rated the pain a 4-5 on a ten-point scale. The injured worker denied bilateral radicular pain symptoms. He reported a decrease in pain and stiffness with chiropractic therapy. The diagnosis associated with the evaluation was lumbosacral sprain/strain. A physician's note of November 5, 2014 indicated the request for EMG/NCV was to rule out radiculopathy. On October 20, 2014 the injured worker's work status was defined as modified duties. On September 2, 2014, the injured worker reported feeling better and had no pain for the last week. He reported no numbness, no tingling, and no throbbing. His work hours were modified regular hours. On August 4, 2014, the injured worker reported low back pain. He had tenderness to palpation over the lower back and increased left paraspinal muscle tone and normal gain was noted. His work duties were defined as modified work.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**EMG/NCV Bilateral Lower Extremities:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** ACOEM recommends lower extremity electrodiagnostic studies for evaluation of subtle neurological symptoms with or without corresponding neurological findings on exam. In this case, however, the patient does not clearly have either symptoms or physical exam findings suggesting a neurological condition. There is no clear neurological differential diagnosis supported by the medical record in this case. This request is not medically necessary.