

<b>Case Number:</b>	CM15-0103170		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	09/12/2007
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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: California

Certification(s)/Specialty: Emergency Medicine

### 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 58 year old male who sustained an industrial injury on September 12, 2007. He has reported severe back pain with radiation into the left greater than right leg and had been diagnosed with chronic low back pain, lumbar fusion L5-S1, lumbar degenerative disc disease at L5-S1 secondary to discitis, and lumbar radiculopathy. Treatment has included medical imaging, surgery, and medications. Objective findings note the gait was antalgic and slowed. He had a well-healed midline lumbar scar. There was moderate tenderness to palpation to the paraspinal muscles, left worse than right. There was severely limited range of motion in all planes. The injured worker grimaced with extension. There was decreased sensation to light touch throughout the left lower extremity. There was slightly diminished patella reflex on the right. The treatment request included EMG of the lower extremities and NCV of the lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG of the Left Lower Extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** As per ACOEM Guidelines, EMG may be useful in detecting nerve root dysfunction. Patient has known low back pain and lumbar anomalies from recent MRI done on 2/15. Patient has no significant change in neurological function from baseline chronic pain in left lower extremity. Provider has not documented any rationale as to why left lower limb needs testing when most symptoms are affecting right limb. EMG is not medically necessary.

**NCV of the Right Lower Extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 04/29/15) Online Version.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377.

**Decision rationale:** As per ACOEM guidelines, Nerve Conduction Velocity studies are contraindicated in virtually all knee and leg pathology unless there signs of tarsal tunnel syndrome or any nerve entrapment neuropathies. There are no such problems documented. NCV is not medically necessary.

**NCV of the Left Lower Extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 04/29/15) Online Version.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377.

**Decision rationale:** As per ACOEM guidelines, Nerve Conduction Velocity studies are contraindicated in virtually all knee and leg pathology unless there signs of tarsal tunnel syndrome or any nerve entrapment neuropathies. There are no such problems documented. NCV is not medically necessary.

**EMG of the Right Lower Extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** As per ACOEM Guidelines, EMG may be useful in detecting nerve root dysfunction. Patient has known low back pain and lumbar anomalies from recent MRI done on 2/15. Exam concerning signs of significant radiculopathy is unclear. Patient has noted weakness and sensory deficit with supporting MRI findings, which points to potential radicular pain, but exam is not clear-cut. Patient's dysfunction may be related to subtle radiculopathy or potentially just pain related. Spine surgeon may consider surgical intervention depending on etiology of pain and dysfunction. EMG of Right lower extremity is supported by documentation and criteria. EMG of Right lower extremity is medically necessary.