

<b>Case Number:</b>	CM15-0138930		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	10/27/2014
<b>Decision Date:</b>	09/16/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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: Preventive Medicine, Occupational 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:

This injured worker is a 47 year old male who reported an industrial injury on 10/27/2014. His diagnoses, and or impression, were noted to include lower back pain with radiculopathy. No current imaging studies were noted. His treatments were noted to include diagnostic studies; medication management; and a return to full duty work. The progress notes of 6/3/2015 reported that he felt he was about back to himself. Objective findings were noted to include decreased strength - right plantar flexion, and dyskenesia in the bilateral lumbar 5 - sacral 1. The physician's requests for treatments were noted to include electromyogram and nerve conduction velocity studies of the bilateral 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 right lower extremity QTY: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, EMGs (electromyography).

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

**Decision rationale:** Per the MTUS Guidelines, EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The requesting physician does not provide explanation of why EMG would be necessary for this injured worker, who has no complaint of radiculopathy. Additionally, there is no evidence of neurologic compromise on physical examination. It is also noted that the injured worker states that he is "almost back to my old self". The request for EMG of the right lower extremity QTY: 1.00 is determined to not be medically necessary.

**EMG of the left lower extremity QTY: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, EMGs (electromyography).

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

**Decision rationale:** Per the MTUS Guidelines, EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The requesting physician does not provide explanation of why EMG would be necessary for this injured worker, who has no complaint of radiculopathy. Additionally, there is no evidence of neurologic compromise on physical examination. It is also noted that the injured worker states that he is "almost back to my old self". The request for EMG of the left lower extremity QTY: 1.00 is determined to not be medically necessary.

**NCV of the right lower extremity QTY: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Nerve Conduction Studies (NCS).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Nerve Conduction Studies (NCS) Section.

**Decision rationale:** The MTUS Guidelines do not specifically address nerve conduction studies of the lower extremities. Per the ODG, nerve conduction studies are not recommended because there is minimal justification of performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The requesting physician does not provide explanation of why NCV would be necessary for this injured worker, who has no complaint of radiculopathy. Additionally, there is no evidence of neurologic compromise on physical examination. It is also noted that the injured worker states that he is "almost back to my old self". The request for NCV of the right lower extremity QTY: 1.00 is determined to not be medically necessary.

**NCS of the left lower extremity QTY: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Nerve Conduction Studies (NCS).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Nerve Conduction Studies (NCS) Section.

**Decision rationale:** The MTUS Guidelines do not specifically address nerve conduction studies of the lower extremities. Per the ODG, nerve conduction studies are not recommended because there is minimal justification of performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The requesting physician does not provide explanation of why NCV would be necessary for this injured worker, who has no complaint of radiculopathy. Additionally, there is no evidence of neurologic compromise on physical examination. It is also noted that the injured worker states that he is "almost back to my old self". The request for NCS of the left lower extremity QTY: 1.00 is determined to not be medically necessary.