

<b>Case Number:</b>	CM15-0144395		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	02/25/2012
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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, Hawaii  
 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 58 year old female who sustained an industrial injury on 02-25-12. Initial complaints and diagnoses are not available. Treatments to date include medications and lumbar spine surgery. Diagnostic studies include MRIs of the lumbar and thoracic spines. Current complaints include back pain, numbness in her legs and radicular symptoms. Current diagnoses include chronic low back pain, chronic strain and sprain of the thoracolumbar spine and associated musculoligamentous structures, posttraumatic stress disorder, major depressive disorder, facet arthropathy lower lumbar spine. In a progress note dated 06-24-15 the treating provider reports the plan of care as medications including Norco and flexeril, consultation with a spine surgeon and an electrodiagnostic and nerve conduction study. The requested treatment includes a repeat electrodiagnostic and nerve conduction study.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One repeat EMG/NCV study:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online, Low Back chapter, EMGs (electromyography), NCS (Nerve Conduction Studies).

**Decision rationale:** Records indicate that the patient has chronic low back pain. She is status post lumbar spine surgery on 5/8/14. The current request is for repeat EMG/NCV study. The attending physician wants the repeat EMG and referral to a spine surgeon since the left leg numbness is getting worse. ODG states, EMGs are "Recommended as an option (needle, not surface)." EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. The ODG states, NCS are "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." In this case, the records indicate that an EMG was previously performed on 12/11/14, which revealed a right L5 radiculopathy. Since it is already well established that the patient has radiculopathy, the request for a repeat EMG is inconsistent with ODG guidelines, which states that EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, the ODG does not recommend nerve conduction studies (NCS). As such, the records do not establish medical necessity for the request of repeat EMG/NCV.