

<b>Case Number:</b>	CM15-0147899		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	10/01/2013
<b>Decision Date:</b>	09/14/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: Texas, New York, 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:

The applicant is a represented 23-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 1, 2013. In a Utilization Review report dated July 9, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of the bilateral lower extremities. The claims administrator referenced an RFA form received on July 1, 2015 in its determination, along with a progress note of June 15, 2015. The applicant's attorney subsequently appealed. On July 18, 2015, the applicant reported ongoing complaints of low back pain with right-sided sciatica, it was reported. The applicant was pending a spine surgery consultation, it was reported. Limited lumbar range of motion was noted with intact motor and sensory function about the lower extremities. The applicant was described as exhibiting an 8 mm x 15 mm x 5 mm disk protrusion at L5-S1 generating impingement about the L5-S1 nerve roots. Spine surgery consultation was sought. A repeat lumbar MRI and electrodiagnostic testing was sought. The attending provider seemingly suggested that electrodiagnostic testing of the right lower extremity was proposed to objectify the applicant's radicular complaints. The applicant's past medical history was not seemingly detailed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV of 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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 309; 272; 377.

**Decision rationale:** No, the request for electrodiagnostic testing (EMG/NCV) of the bilateral lower extremities was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, EMG testing is deemed "not recommended" for applicants who carry a diagnosis of clinically obvious radiculopathy, as was seemingly present here. The attending provider's progress note of June 18, 2015 was notable for comments that the applicant had a large disk extrusion present at the L5-S1 level which did seemingly account for the applicant's right lower extremity radicular pain complaints, seemingly obviating the need for the electrodiagnostic testing in question. The MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 further notes that the routine usage of NCV testing in the diagnostic evaluation of applicants without symptoms is deemed "not recommended." Here, the applicant's radicular pain complaints were seemingly confined to the symptomatic right lower extremity, the treating provider reported on June 18, 2015. It was not clearly stated, thus, why electrodiagnostic testing of the bilateral lower extremities to include the seemingly asymptomatic left lower extremity was proposed. Finally, the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377 also notes that electrical studies (AKA nerve conduction testing) is "not recommended" absent some clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies. Here, however, lumbar radiculopathy was seemingly the sole item on the differential diagnosis list. There was no mention of the applicant's having a superimposed entrapment neuropathy, compressive neuropathy, tarsal tunnel syndrome, diabetic neuropathy, etc., present on the June 8, 2015 office visit at issue. Since both the EMG and NCV components of the request were not indicated, the entire request was not indicated. Therefore, the request was not medically necessary.