

<b>Case Number:</b>	CM15-0162891		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	05/21/2014
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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:

The injured worker is a 43 year old male who sustained an industrial injury on 5-21-14. He had complaints of low back pain. Treatments include: medication and injections. Progress report dated 7-17-15 reports continued complaints of low back pain that radiates down to the sole of the left foot. The pain exacerbated after doing light yard work. The pain is rated 5 out of 10 with medication. Diagnoses include: lumbago, low back pain and lumbar and thoracic radiculitis. Plan of care includes: recommend EMG and nerve conduction studies and MRI scan. Work status: continue off work until 9-30-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyogram (EMG) of the right lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309.

**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. In this case, there are subjective complaints of radiculopathy of the left lower extremity and an abnormal objective exam on the left. There is no documentation of subjective pain or radiculopathy of the right lower extremity and the physical examination on the right is completely normal. The request for electromyogram (EMG) of the right lower extremity is determined to not be medically necessary.

**Nerve conduction velocity (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 Official Disability Guidelines (ODG) - 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 already has identified pathology. In this case, there are subjective complaints of radiculopathy of the left lower extremity and an abnormal objective exam on the left. There is no documentation of subjective pain or radiculopathy of the right lower extremity and the physical examination on the right is completely normal. The request for nerve conduction velocity (NCV) of the right lower extremity is determined to not be medically necessary.