

<b>Case Number:</b>	CM15-0162933		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	01/06/2015
<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: 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 51-year-old male who sustained an industrial injury on 01-06-15. Initial complaints include low back and buttocks pain. Initial diagnoses are not available. Treatments to date include medications, physical therapy, chiropractic treatments, bracing, and home exercise program. Diagnostic studies include MRIs of the lumbar spine and sacrum. Current complaints include low back pain with radicular symptoms, as well as gastritis. Current diagnoses include lumbar and thoracic spine strain and sprain, facet syndrome, lumbosacral neuritis or radiculitis, and rib sprain and strain. In a progress note dated 07-27-15 the treating provider reports the plan of care as additional chiropractic treatments, a pain management consultation, acupuncture sessions, and a neurodiagnostic study of the lower extremities. The requested treatment includes a neurodiagnostic study of the lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurodiagnostic study bilateral lower extremities (EMG/NCV): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): Low Back Complaints, Table 12-8, Electrodiagnostics, page 309.

**Decision rationale:** Review of medical reports note conflicting exams. Report from one provider on 5/13/15 showed diffuse non-dermatomal hypoesthesia while current report of 7/27/15 from requesting chiropractic provider has intact sensation and DTRs; however, with non-myotomal diffuse weakness. MRI of the lumbar spine dated 5/28/15 showed disc protrusion at L4-5; however, without clear nerve impingement or canal or neural foraminal stenosis. There was no correlating neurological deficits defined or conclusive imaging identifying possible neurological compromise. MRI of the lumbar spine had no identified disc herniation, canal or neural foraminal stenosis demonstrated. Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, and entrapment neuropathy, medical necessity for EMG and NCV has not been established. Submitted reports have not demonstrated any symptoms or correlating myotomal/ dermatomal clinical findings to suggest any lumbar radiculopathy or entrapment syndrome. The Neurodiagnostic study bilateral lower extremities (EMG/NCV) are not medically necessary and appropriate.