Case Number:	CM15-0163187		
Date Assigned:	08/31/2015	**Date of Injury:**	04/25/2014
Decision Date:	10/06/2015	**UR Denial Date:**	07/22/2015
Priority:	Standard	**Application Received:**	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:

This 29 year old male sustained an industrial injury to the low back on 4-25-14. Previous treatment included physical therapy and medications. Magnetic resonance imaging thoracic spine (3-28-15) showed multilevel disc protrusions. Electromyography and nerve conduction velocity test bilateral lower extremities (5-1-15) showed chronic renervation changes in bilateral L5 innervated muscles indicative of prior injury without active radiculopathy. Magnetic resonance imaging lumbar spine (7-7-14) showed disc space narrowing and loss of normal nucleus pulposus at L3-4 and L4-5 and disc bulge at L5-S1. In a PR-2 dated 5-28-15, the injured worker complained of ongoing mid and low back pain rated 9 to 10 out of 10 on the visual analog scale without medications and 7 to 8 out of 10 with medications. Physical exam was remarkable for tenderness to palpation along the midline of the thoracic spine with intact sensation and pain across the lumbosacral junction with restricted range of motion, left leg sciatica and 5 out of 5 lower extremity strength. Current diagnoses included rule out thoracic myelopathy, lumbar spine radiculopathy, lumbar spine stenosis and multilevel thoracic herniated nucleus pulposus. The treatment plan included obtaining electromyography results, continuing current medications, a lumber magnetic resonance imaging (the physician stated he was unable to obtain the old one) and a series of two lumbar epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyograph (EMG) and nerve conduction velocity (NCV) of bilateral lower extremities: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, under Nerve conduction studies.

Decision rationale: The current request is for Electromyography (EMG) and nerve conduction velocity (NCV) of bilateral lower extremities. Previous treatments included physical therapy and medications. The patient is TTD. For EMG, ACOEM Guidelines Chapter 12 page 303 states "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." Regarding Nerve conduction studies, ODG (Chronic Pain) guidelines Low Back Chapter, under Nerve conduction studies states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy". ODG guidelines Low Back Chapter for Electrodiagnostic studies (EDS) states, "(NCS) which are not recommended for low back conditions, and EMGs (Electromyography) which are recommended as an option for low back". The patient had a Magnetic resonance imaging of the lumbar spine on 7-7-14 which showed disc space narrowing and loss of normal nucleus pulposus at L3-4 and L4-5 and disc bulge at L5-S1. Per report 04/16/15, the patient presents with continued low back pain. Examination revealed restricted ROM, positive SLR and decreased sensation at L5-S1 bilaterally. Motor is 4/5 bilaterally. In this case, given the patient's symptoms, complaints of radiating pain into the lower extremity and positive SLR, further diagnostic testing may be useful to obtain unequivocal evidence of radiculopathy. The treater states in provided progress report that "EMG and nerve conduction study should be performed". There is no indication of prior EMG/NCV testing. It appears that the EMG/NCS was done prior to authorization. Provided medical records include an EMG/NCV study of the bilateral lower extremities dated 5-1-15, which showed chronic renervation changes in bilateral L5 innervated muscles. This request appears reasonable and in accordance with guidelines. Therefore, the request for EMG/NCV of the lower extremities is medically necessary.