

<b>Case Number:</b>	CM15-0164199		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	09/27/2007
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 48 year old male who sustained an industrial injury on 09-27-2007. Mechanism of injury was not found in documents presented for review. Diagnoses include unsteady gait, sciatica, numbness-tingling in his left leg, left leg pain, left hip pain, left foot drop and balance problems. Treatment to date has included diagnostic studies, medications, multiple epidural steroid injections, physical therapy, use of a lumbar brace, and status post posterior fusion at L4-5 and L5-S1 on 09-27-2011. His medications include Norco, Valium, and Motrin. A computed tomography scan done on 06-24-2015 showed status post posterior laminectomies, interbody and posterior fusion at L4-5 and L5-S1. The metallic hardware remains unchanged. Bony bridging is seen at L4-5 disc space. No solid interbody fusion is seen at L5-S1. There is mild narrowing of the right L5-S1 neural foramen. A physician progress note dated 07-22-2015 documents the injured worker complains of low back pain that radiates down to the left hip and into the foot and he has severe numbness and tingling and burning along with foot drop. He also has weakness in his left lower extremity. He ambulates with an abnormal gait and a limp. He has falls due to weakness. He rates his pain as 9 out of 10. He is to return in 4 weeks after result of Electromyography-Nerve Conduction Velocity. Treatment requested is for EMG/NCS left lower extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCS left lower extremity:** Upheld

**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 Chapter, Nerve conduction studies (NCS).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** This 48 year old male has complained of low back pain, left leg pain, hip pain and foot pain since date of injury 9/27/07. He has been treated with surgery, physical therapy, epidural steroid injections and medications. The current request is for an EMG/NCS of the left lower extremity. The available medical records do not document any physical examination of a peripheral neuropathy to support the necessity of an EMG with nerve conduction studies. On the basis of the available medical records and per the MTUS guidelines cited above an EMG/NCS of the left lower extremity is not medically necessary.