Case Number:	CM15-0169282		
Date Assigned:	09/10/2015	**Date of Injury:**	05/12/2015
Decision Date:	10/13/2015	**UR Denial Date:**	08/21/2015
Priority:	Standard	**Application Received:**	08/27/2015

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: New York, Tennessee
Certification(s)/Specialty: Emergency 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 53 year old, male who sustained a work related injury on 5-12-15. The diagnoses have included possible lumbar discogenic pain, possible lumbar strain-sprain, and constant bilateral lumbosacral radicular pain left more than right. He is currently being treated for low back pain. Treatments in the past include oral medications, topical medicated cream and 6 sessions of chiropractic therapy. Current treatments include oral medications. Medications he is currently taking include Anaprox, Flexeril, Ultram, and Prilosec. In the progress notes dated 8-5-15, the injured worker reports constant low back pain with constant radiating pain into left leg more than right that is associated with tingling, numbness, weakness, and cramps. He rates the back pain a 5-6 out of 10. His back pain is made worse with prolonged sitting, standing, and walking and is made better with medications and rest. On physical exam, he has midline tenderness extending from L3 to S1. He has bilateral facet tenderness noted at L4-5 and L5-S1. Mild sciatic notch tenderness noted. Straight leg raises (sitting and Standing and Lasegue's tests are positive at 60 degrees, left at 40 degrees. Sensory examination shows hypoalgesia noted in distribution of L5-S1 nerve root bilaterally left more than right. Motor examination of legs shows mild weakness of both legs. MRI of lumbar spine dated 7-9-15 shows spondylotic changes, L1-2, L2-3 and L3-4 1-2mm broad based posterior disc protrusion without evidence of canal stenosis or neural foraminal narrowing and L4-5 and L5-S1 2-3mm broad based posterior disc protrusion without evidence of canal stenosis or neural foraminal narrowing. He is not working. The treatment plan includes requests for EMG-NCV of legs, refills of medications, to continue with chiropractic therapy with emphasis on home exercises, a bilateral L5 transforaminal block and a home stimulating unit. The Utilization Review, dated 8-21-15, for EMG-NCV of legs is not recommended - non-certified. "There is minimal justification for performing nerve conduction

studies when a patient is presumed to have symptoms on the basis of radiculopathy."

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography and nerve conduction study of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Low Back, Electrodiagnostic studies (EDS).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back- Thoracic and Lumbar, Nerve Conduction Studies.

Decision rationale: EMG's (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. Nerve conduction studies are not recommended for the lower extremities. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. In this case documentation on physical examination is not consistent with radiculopathy. EMG and nerve conduction studies are not indicated. The request is not medically necessary.