

<b>Case Number:</b>	CM15-0181029		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	12/05/2014
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 injured worker is a 39 year old male who reported an industrial injury on 12-5-2014. His diagnoses, and or impressions, were noted to include: lumbar radiculopathy; left lumbar disc herniation and neuro-foraminal stenosis; and lumbosacral degenerative disc disease. Recent magnetic imaging studies of the lumbar spine were done on 1-21-2015, noting abnormal findings. His treatments were noted to include: 6 sessions of physical therapy - mildly effective; 4 acupuncture treatments - ineffective; 6 chiropractic treatments - very effective; lumbar transforaminal epidural steroid injections; medication management with toxicology studies; and rest from work. The initial consultation progress notes of 8-19-2015 reported complaints which included: lower backache, rated 4 out of 10 with medication and 8 out of 10 without; a decreased activity level but the ability to perform activities of daily living with the aid of medication; and of poor quality of sleep. The objective findings were noted to include: morbid obesity; no apparent distress; an antalgic gait without the use of any assistive device; tenderness and spasms over the left lumbar para-spinal muscles that were with some decreased range-of-motion; positive left lumbar facet loading maneuver and left straight leg raise test, both seated and supine; decreased deep tendon reflexes in the biceps, brachioradialis, triceps, patellar and ankle; diminished sensation in the left lumbar 4 dermatome of the left lower extremity; decreased left hamstring and "AD" weakness; and decreased anterior leg and foot sensation. The physician's requests for treatment were noted to include electromyogram and nerve conduction velocity studies of the left lower extremity. The Request for Authorization for electromyogram and nerve conduction velocity studies of the left lower extremity was not noted in the medical records

provided. The Utilization Review of 8-27-2015 non-certified the request for electromyogram and nerve conduction velocity studies of the left lower extremity.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**EMG and NCV Studies of the LLE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria.

**Decision rationale:** ACOEM Guidelines chapter 8 indicates that EMG/NCV may help identify subtle neurological dysfunction in patients with neck and arm symptoms. When the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurological dysfunction in patients with neck or arm symptoms or both, lasting three or four weeks. EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation. EMG is useful to identify physiologic insult and anatomical defect in the case of neck pain. The submitted documents and IW's complaints and physical exam findings fail to substantiate the need for EMG/NCV as outlined above particularly since he already underwent a diagnostic lumbar MRI. Therefore at this time the requirements for treatment have not been met, and the request is not medically necessary and has not been established.