Case Number:	CM15-0190025		
Date Assigned:	10/02/2015	**Date of Injury:**	05/26/2012
Decision Date:	11/09/2015	**UR Denial Date:**	09/12/2015
Priority:	Standard	**Application Received:**	09/28/2015

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 49 year old male, who sustained an industrial injury on 05-26-2012. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for lumbar spine disc bulging with radiculopathy. Medical records (04-10-2015 to 07-21-2015) indicate ongoing frequent moderate to severe low back pain with radiating pain into the right leg with stiffness. Pain levels were 0 out of 10 on a visual analog scale (VAS). Activity levels and level of function were not discussed in these notes. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 07-21-2015, revealed moderate tenderness to palpation over the lumbar spine, restricted range of motion (ROM) in the lumbar spine, and positive Kemp's, straight leg raises, Ely's, Milgram's, right Braggard's, right Bowstring and Valsalva's tests. Relevant treatments have included physical therapy (PT), acupuncture resulting in slight decrease in pain, work restrictions, and pain medications. The treating physician indicates that a MRI of the lumbar spine (2012) showed a slightly broad apical curve disc bulge at L3-4, stenosis of the foraminal and moderate neural foraminal encroachment at L5- S1, a 2-3mm broad-based foraminal protrusion and suggestion of annular tear abutting the left S1 nerve root, and a slight left neural foraminal encroachment. Previous electrodiagnostic and nerve conduction studies of the lower extremities (2012) revealed evidence of possible lumbar radiculopathy at L5-S1. The PR (07-21-2015) shows that the following diagnostic tests were requested: electromyogram (EMG) and nerve conduction velocity (NCV) of the bilateral lower extremities related to lumbar spine. The original utilization review (09-11-2015) non-certified the request for EMG and NCV of the bilateral lower extremities related to lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG)/Nerve conduction velocity of the bilateral lower extremities related to lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar and Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Per Guidelines, EMG is not recommended as there is minimal justification for performing electromyography when a patient is presumed to have symptoms and clinical findings consistent with radiculopathy. Additionally, electrodiagnostic studies were previously done indicating lumbar radiculopathy without any progressive changed in symptoms, neurological findings or new injury to support for repeating the study. Submitted reports have not adequately demonstrated failed conservative trial with plan for surgical intervention or change in treatment towards a functional restoration rehabilitation course. The Electromyogram (EMG)/Nerve conduction velocity of the bilateral lower extremities related to lumbar spine is not medically necessary and appropriate.