

<b>Case Number:</b>	CM15-0202852		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	12/15/2013
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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: Arizona, Texas  
 Certification(s)/Specialty: Internal 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:

This is a 42 year old male with a date of injury on 12-15-13. A review of the medical records indicates that the injured worker is undergoing treatment for lower back, left elbow and left leg injury. Progress report dated 7-22-15 reports continued complaints of lower back pain with pain radiating to his left leg with numbness and tingling. The pain is rated 7 out of 10. The pain is aggravated by coughing, sneezing, prolonged standing, walking and sitting. He also have complaints of intermittent left elbow pain with pain radiating to the left hand with numbness and tingling. He has complaints of left ankle pain with cramping, swelling, numbness and tingling. Physical exam: pelvis is level, muscle spasms are palpable next to the spinous processes while lying in prone, range of motion is limited due to pain in the lumbar region, all lower extremity motor strength is 5 out of 5, sensory to lower extremities - right sensation intact and left had diminished sensation over the dorsum of the foot. Treatments include: medication, physical therapy, back brace, Diagnostic studies: X-ray of lumbar spine 9-21-15 revealed degenerative changes, associated slight scoliosis, MRI lumbar spine 7-14-14 shows mild to moderate stenosis. Request for authorization dated 9-4-15 was made for outpatient EMC NCS of the bilateral lower extremities. Utilization review dated 9-14-15 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) outpatient EMG/NCS of the bilateral lower extremities: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** Nerve conduction study (NCS) techniques permit stimulation and recording of electrical activity from individual peripheral nerves with sufficient accuracy, reproducibility, and standardization to determine normal values, characterize abnormal findings, and correlate neurophysiologic-pathologic features. These clinical studies are used to diagnose focal and generalized disorders of peripheral nerves, aid in the differentiation of primary nerve and muscle disorders (although NCS itself evaluates nerve and not muscle), classify peripheral nerve conduction abnormalities due to axonal degeneration, demyelination, and conduction block and prognosticate regarding clinical course and efficacy of treatment. NCS should not be performed or interpreted as an isolated diagnostic study. Instead, it should be performed and interpreted at the same time as an EMG. When definitive neurologic findings on physical exam, electrodiagnostic studies, lab tests, or bone scans are present imaging may be warranted. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case the exam indicates an L5 radiculopathy therefore an EMG/NCS is not medically necessary.