

<b>Case Number:</b>	CM15-0202987		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	01/28/2014
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	10/06/2015
<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: California, Indiana, New York  
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:

The injured worker is a 61 year old male, who sustained an industrial injury on 1-28-14. The injured worker was diagnosed as having lumbar radiculopathy, lumbar degenerative disc disease and spinal stenosis. Subjective findings (9-14-15) indicated chronic radiating low back pain. The injured worker describes the pain as stabbing, aching and numbness sensation. He is not on any medications. Objective findings (9-14-15) revealed diminished sensation in a stocking distribution, limited forward bending and tenderness over the lumbosacral spine. Treatment to date has included a lumbar x-ray (date of service not provided) showing facet sclerosis at L4-L5 and L5-S1 and disc space loss at L5-S1. The Utilization Review dated 10-6-15, non-certified the request for an EMG-NCS of the bilateral lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCS of the bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria. Decision based on Non-MTUS Citation Official Disability Guideline, Treatment Index, 13th Edition, Low Back, Nerve Conduction Studies (NCS).

**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 section, EMG/NCS.

**Decision rationale:** Pursuant to the ACOEM and Official Disability Guidelines, bilateral lower extremity EMG/NCS studies are not medically necessary. Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after one month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The ACOEM states unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. In this case, the injured worker's working diagnoses are lumbar radiculopathy; lumbar degenerative disc disease and spinal stenosis. Date of injury is January 28, 2014. Request for authorization is September 21, 2015. According to a September 14, 2015 progress note, subjective complaints include chronic radiating low back pain. The injured worker is not taking any medications. Objectively, there is tenderness to palpation of the lumbosacral junction with decreased range of motion. Motor function is 5/5 and there is decreased sensation in a stocking distribution. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The sensory findings (stocking distribution) are more consistent with a peripheral neuropathy as opposed bilateral radiculopathy. There is no documentation of conservative treatment (i.e. physical therapy) in the record. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation with sensory findings in a stocking distribution and no documentation of conservative treatment, bilateral lower extremity EMG/NCS studies are not medically necessary.