

<b>Case Number:</b>	CM15-0205358		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	05/07/2013
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: Pennsylvania  
 Certification(s)/Specialty: Family Practice

### 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 56 year old female, who sustained an industrial injury on May 7, 2013, incurring neck, shoulder and low back injuries. She was diagnosed with cervical spondylosis, lumbar spondylosis, lumbar spinal stenosis and right shoulder impingement and subacromial bursitis. Treatment included pain medications, surgical interventions, diagnostic imaging, physical therapy, aquatic therapy and activity restrictions. Currently, the injured worker complained of ongoing low back pain radiating down into the right lower extremity. She noted numbness and tingling in the upper extremities as well as neck pain. She had diminished range of motion with flexion and extension of the lower back. She rated her pain 6 out of 10 on a pain scale from 0 to 10. On June 23, 2015, the injured worker underwent an anterior lumbar fusion and laminectomy. Post-operatively, the injured worker complained of progressive worsening of her back pain with pain down into the left lower extremity. She had superficial erythema and skin irritation along the incision and burning dysesthesias in her left foot. Lumbar x rays revealed severe subsidence of the lumbosacral interbody devices from the lumbar fusion. The treatment plan that was requested for authorization included Electromyography studies and Nerve Conduction Velocity studies of the left lower extremity. On September 30, 2015, a request for Electromyography and Nerve Conduction Velocity studies was denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV of the Left Lower Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), 2015, Low Back, EMGs and Nerve Conduction Studies (NCS).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back /Electrodiagnostic studies, Low back/Electromyography.

**Decision rationale:** According to the ODG, Nerve conduction studies are not recommended for low back conditions. EMG's are not necessary if radiculopathy is already clinically obvious. This worker has known lumbar stenosis with radiculopathy. She is complaining of low back pain radiating into the left lower extremity and has dysesthesias in the left foot. There is no indication that diagnoses other than radiculopathy are being considered. There is no indication for a nerve conduction study or EMG.