

<b>Case Number:</b>	CM15-0023064		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	12/19/2013
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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, Arizona

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 21-year-old male who reported an injury on 12/19/2013. The mechanism of injury occurred while sorting packages. His diagnoses include lumbar radiculitis, sciatica. Past treatments were noted to include physical therapy and medications. On 12/11/2014, the injured worker complained of low back pain. The physical examination revealed trigger points palpated in the gluteus medius region and quadratus region bilaterally. Sensation was indicated to be decreased along with motor strength. However, deep tendon reflexes were indicated to be symmetrical. The treatment plan included an EMG/NCV of the bilateral lower extremities to evaluate for spinal nerve root radiculopathy at the L4-5 versus a sciatic neuropathy. The Request for Authorization form was submitted on 01/22/2015.

### 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:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 15th Edition (web), 2013, Low Back, EMGs / NCS.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back, Nerve conduction study.

**Decision rationale:** The request for an EMG/NCS of the bilateral extremities is medically necessary. The California MTUS/ACOEM Guidelines state electromyography (EMG) may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The Official Disability Guidelines state nerve conduction studies are not recommended for low back pain and there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The injured worker was indicated to have decreased motor strength, sensation and reflexes in the ankles. Based on neurological deficits, the request would be supported by the evidence based guidelines. As such, the request is medically necessary.