

<b>Case Number:</b>	CM15-0213382		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	10/11/2013
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2015

### 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: Preventive Medicine, Occupational 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 29 year old, male who sustained a work related injury on 10-11-13. A review of the medical records shows he is being treated for low back pain. In the progress notes dated 7-1-15 and 9-9-15, the injured worker reports lower back pain with radiation to both legs. He rates the pain a 5-7 out of 10. On physical exam dated 9-9-15, he has tenderness in the lumbar paraspinal muscles. He has decreased lumbar range of motion. Sensation and muscle strength in legs are normal. Treatments have included medications, physical therapy, chiropractic treatments, acupuncture and trigger point injections. Current medications include Diclofenac, Gabapentin, Baclofen and topical medicated compound cream. No notation of working status. The treatment plan includes requests for chiropractic treatments, for physiotherapy, for NCV- EMG studies of lower extremities, for refills of medications and for an epidural injection. The Request for Authorization dated 9-9-15 has requests for pain management evaluation, for medications of Diclofenac, Baclofen, and Gabapentin, for chiropractic treatments for physiotherapy for EMG-NCV studies of lower legs and for medicated topical cream. In the Utilization Review dated 10-2-15, the requested treatments of EMG-NCV studies of bilateral lower extremities are not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyograph (EMG) and nerve conduction velocity (NCV) of 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), Low Back, Nerve conduction studies.

**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 Chapter/Nerve Conduction Studies (NCS) Section.

**Decision rationale:** Per the MTUS Guidelines, EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The MTUS Guidelines do not specifically address nerve conduction studies of the lower extremities. Per the ODG, nerve conduction studies are not recommended because there is minimal justification of performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The requesting physician does not provide explanation of why NCV would be necessary for this injured worker, who already has identified pathology. The request for electromyograph (EMG) and nerve conduction velocity (NCV) of left lower extremity is determined to not be medically necessary.

**Electromyograph (EMG) and nerve conduction velocity (NCV) of right 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), Low Back, Nerve conduction studies.

**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 Chapter/Nerve Conduction Studies (NCS) Section.

**Decision rationale:** Per the MTUS Guidelines, EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The MTUS Guidelines do not specifically address nerve conduction studies of the lower extremities. Per the ODG, nerve conduction studies are not recommended because there is minimal justification of performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The requesting physician does not provide explanation of why NCV would be necessary for this injured worker, who already has identified pathology. The request for Electromyograph (EMG) and nerve conduction velocity (NCV) of right lower extremity is determined to not be medically necessary.