

<b>Case Number:</b>	CM15-0046830		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	09/26/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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, District of Columbia, Maryland  
Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 35 year old male, who sustained an industrial injury on 9/26/13. The injured worker has complaints of continuous pain in the lumbar spine radiating to the right leg, foot level, aggravated by prolonged standing and walking, bending, twisting, lifting, carrying, pushing and pulling. He has weakness, numbness and tingling in the right leg, foot level. The diagnoses have included lumbar strain; lumbar disc herniation and bilateral lower extremities radicular pain. Treatment to date has included physical therapy; hot and cold treatments; massage; electrode treatments; range of motion exercises and epidural injections. Magnetic Resonance Imaging (MRI) scan of the lumbar spine showed "disc damage". The requested treatment was for Electromyograph (EMG) Nerve conduction velocity (NCV) 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:

**Electromyograph (EMG) Nerve conduction velocity (NCV) of the bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 303.

**Decision rationale:** The ACOEM supports electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The most recent progress report dated January 29, 2015 includes a complaint of low back pain radiating to the right lower extremity and there are physical examination findings of decreased sensation of the right L4-L5 dermatomes as well as decreased right lower extremity muscle strength. However, there are no left lower extremity complaints or abnormal physical examination findings. Considering this, the request for EMG and NCV studies of the bilateral lower extremities is not medically necessary.