

<b>Case Number:</b>	CM15-0054123		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	10/24/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 33 year old male, who sustained an industrial injury on 10/24/13. He reported low back pain. The injured worker was diagnosed as having lumbar sprain/strain, lumbar discogenic syndrome, and anxiety. Treatment to date has included ultrasound treatment, TENS, and chiropractic treatment. Currently, the injured worker complains of low back pain. The treating physician requested authorization for electromyogram/nerve conduction velocity of the lower extremities. The treating physician requested the study due to the injured worker complaining of a pinched nerve feeling towards the sides of the low back right greater than left with activity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV of lower extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Electrodiagnostic studies (EDS).

**Decision rationale:** EMG/NCV of the lower extremities are not medically necessary per the MTUS Guidelines. The MTUS states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The MTUS states that electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The documentation does not reveal a neurologic exam with evidence of motor, reflex or sensory changes that would justify a NCS/EMG. The patient does not describe neuropathic symptoms in the lower extremities. Furthermore, the ODG states that nerve conduction studies are not recommended for low back conditions. The request for EMG/NCV of the lower extremities is not medically necessary.