

<b>Case Number:</b>	CM15-0056460		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	06/15/2014
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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, Hawaii  
 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 57 year old male, who sustained an industrial injury on 6/15/2014. Diagnoses include status post lumbar spine surgery, lumbar radiculopathy clinically, lumbago clinically and lumbar sprain/strain clinically. Treatment to date has included surgical intervention, medications, physical therapy and diagnostics including magnetic resonance imaging (MRI). He underwent a right L3-L4 lumbar laminectomy and partial medial facetectomy (8/09/2013). Per the Primary Treating Physician's Progress Report dated 12/02/2014, the injured worker reported lumbar spine pain rated as 10/10. He states that it is the worst pain he has ever felt in the entirety of his life. Physical examination of the lumbar spine revealed moderate tenderness to palpation over the spinous processes of L4-5 as well as over corresponding paraspinal musculature. Range of motion of the lumbar spine revealed active flexion to 40 degrees, extension to 5 degrees, right lateral flexion to 15 degrees and left lateral flexion to 20 degrees. The plan of care included medications, physical therapy, pain management consultation and diagnostic testing. Authorization was requested for EMG (electromyography)/NCS (nerve conduction studies) 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:

**EMG/NCS of the bilateral lower extremities for the lumbar spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines Opioids, Muscle relaxers Page(s): 78 & 80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, EMGs (electromyography).

**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, EMG/NCS.

**Decision rationale:** The patient presents with pain affecting the low back. The current request is for EMG/NCS of the bilateral lower extremities for the lumbar spine. The treating physician report dated 1/5/15 (72B) states, "Electrophysiologic evidence of an L5 radiculopathy on the left. Acute Lumbar radiculopathic process involving the L5 root on the left as noted on EMG/nerve conduction studies performed on December 30, 2014". ACOEM page 303 states, "Electromyography (EMG) including H-reflex test may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks". Repeat studies are not addressed. The ODG guidelines state, "Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious". In this case, the patient has already been diagnosed with radiculopathy which was further corroborated by an EMG/NCS performed on 12/30/14. The EMG/NCS of 12/30/14 is medically necessary and recommendation is for authorization.