

<b>Case Number:</b>	CM15-0057161		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	05/23/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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:

This 51 year old male sustained an industrial injury on 5/23/14. He subsequently reported low back pain. Diagnoses include bilateral shoulder entrapment and lumbar radiculopathy. Diagnostic testing has included x-rays and MRIs. Treatments to date have included injections, physical therapy and prescription pain medications. The injured worker continues to experience symptoms in his bilateral upper extremities and lumbar spine. A request for BLE EMG/NCV bilateral lower extremity was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BLE EMG/NCV bilateral lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM chapter 7.

**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 Section, EMG/NCV.

**Decision rationale:** Pursuant to the Official Disability Guidelines, bilateral lower extremity EMG/NCV studies are not medically necessary. Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after one month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The ACOEM states unequivocal findings that identifies specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. In this case, the injured worker's working diagnoses are bilateral shoulder entrapment; and right and left lumbar radiculopathy. Subjectively, according to a January 29, 2015 progress note, the injured worker has low back pain with stiffness with the VAS pain scale 4-5/10. The injured worker had epidural steroid injection for years prior. The injured worker had physical therapy along time ago. He complains of stiffness and radiating symptoms tones once in a while when he walks a lot. Objectively, there was tenderness palpation over the lumbar spine. Straight leg raising was normal. Motor examination was normal. Sensory examination was normal. Reflexes were normal. Gait was normal. There are no significant neurologic abnormalities noted on physical examination. The documentation contains minimal clinical findings (subjective) suggestive of radiculopathy. On physical examination there is no evidence of radiculopathy. The guidelines indicate there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Consequently, absent clinical documentation with significant neurologic compromise demonstrating radiculopathy with guideline recommendations indicating minimal justification for performing nerve conduction studies, bilateral lower extremity EMG/NCV studies are not medically necessary.