

<b>Case Number:</b>	CM15-0058062		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	01/23/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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: Indiana

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 28-year-old female, who sustained an industrial injury on 1/23/13. She reported initial complaints for lumbar spine. The injured worker was diagnosed as having lumbar disc disease with neuroforaminal stenosis; lumbar radiculopathy; lumbar spine muscular ligamentous strain/sprain. Treatment to date has included MRI lumbar spine (12/16/14). The PR-2 notes dated 2/5/15, the injured worker complains of constant pain and discomfort in the lumbar spine with pain radiating into both legs to the foot (5/10 on VAS scale). The notes indicate she is having trouble sleeping due to the pain. The MRI of the lumbar spine demonstrates disc extrusion at L5-S1 with mild stenosis and bilateral facet arthropathy with effusions. The impression was: Central disc extrusion at L5-S1 with mild stenosis. The provider's treatment plan included continued medications - Tramadol and a request for an EMG/NCV bilateral lower extremity to definitively rule out radiculopathy or any nerve damage.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV bilateral lower extremities; lumbar spine:** Upheld

**Claims Administrator 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 - EMG/NCV.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS).

**Decision rationale:** ACOEM states "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." ODG states in the Low Back Chapter and Neck Chapter, "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Electrodiagnostic studies should be performed by appropriately trained Physical Medicine and Rehabilitation or Neurology physicians". The radiculopathy is clinically obvious, so the request is not medically necessary.