

<b>Case Number:</b>	CM15-0087148		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	12/06/2011
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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  
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 49 year old male, who sustained an industrial injury on 12/06/2011. On provider visit dated 03/24/2015 the injured worker has reported neck and lower back pain. On examination the injured worker was note to have tenderness along the facet with facet lasting along the cervicolumbar spine. The diagnoses have included discogenic cervical condition with MRI showing disc disease from C4 through C7 and discogenic lumbar condition with MRI showing disc disease along the lumbar spine with facet hypertrophy at L3-L4, L4-L5 and L5-S1. The injured worker was noted not to be working. Treatment to date has included chiropractic visits, back brace, hot and cold wraps, TENS unit and medication. The provider requested Electromyography (EMG) and 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:

**1 Electromyography (EMG) and 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Low Back, EMGS Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Low Back, NCS.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): Chapter 12, "Low Back Complaints", Table 12-8, Electro-diagnostics, page 309.

**Decision rationale:** Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis on imaging, medical necessity for EMG has not been established. Submitted reports have not demonstrated any correlating symptoms and clinical findings to suggest any lumbar radiculopathy, only with continued chronic pain with exam findings of limited range without neurological deficits. Submitted reports have not demonstrated specific positive imaging study with specific consistent myotomal or dermatomal correlation to support for these electrodiagnostic studies with findings of facet arthropathy. The 1 Electromyography (EMG) and Nerve Conduction Velocity (NCV) of the bilateral lower extremities is not medically necessary and appropriate.