

<b>Case Number:</b>	CM15-0233480		
<b>Date Assigned:</b>	12/09/2015	<b>Date of Injury:</b>	02/05/2014
<b>Decision Date:</b>	01/12/2016	<b>UR Denial Date:</b>	11/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/30/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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(n) 57 year old male, who sustained an industrial injury on 2-5-14. The injured worker was diagnosed as having lumbar radiculopathy, left shoulder pain and pain in unspecified finger(s). Subjective findings (9-3-15, 10-1-15) indicated lower back, left upper extremity and left shoulder pain. He rates his pain 4-5 out of 10 without medications. Objective findings (7-31-15, 9-3-15 and 10-1-15) revealed restricted lumbar range of motion, a negative straight leg raise test and decreased sensation over the L4 and L5 lower extremity dermatome on the left side. As of the PR2 dated 11-5-15, the injured worker reports lower back, left upper extremity and left shoulder pain. He rates his pain 4 out of 10 without medications. Objective findings include restricted lumbar range of motion, a negative straight leg raise test and decreased sensation over the L4 and L5 lower extremity dermatome on the left side. Treatment to date has included psychological treatments, an EMG-NCS of the upper extremities on 5-21-15, Tramadol and Ibuprofen. The Utilization Review dated 11-24-15, non-certified the request for an EMG-NCS 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 of bilateral lower extremities quantity requested: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies, Summary.

**Decision rationale:** Per the CA MTUS/ACOEM Guidelines Low Back Complaints, regarding electrodiagnostic testing, it 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. It further recommends against EMG and somatosensory evoked potentials (SEPs) in Table 12-7. Table 12-8 recommends against EMG for clinically obvious radiculopathy. In this particular patient there is no indication of criteria for electrodiagnostic studies based upon physician documentation or physical examination findings. There is clear documentation of lumbar radiculopathy from the cited records and exam note from 7-31-15, 9-3-15 and 10-1-15. Therefore the request of the electrodiagnostic studies is not medically necessary.

**NCS of bilateral lower extremities quantity requested: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**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, nerve conduction studies (NCS).

**Decision rationale:** CA MTUS/ACOEM is silent on nerve conduction velocity testing. According to the ODG Low Back, nerve conduction studies (NCS) states it is not recommended as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. In this particular case the exam notes from 7-31-15, 9-3-15 and 10-1-15 demonstrate clear evidence of lumbar radiculopathy. Therefore the request of the nerve conduction study is not medically necessary.