

<b>Case Number:</b>	CM15-0242612		
<b>Date Assigned:</b>	12/22/2015	<b>Date of Injury:</b>	03/01/2013
<b>Decision Date:</b>	01/28/2016	<b>UR Denial Date:</b>	11/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/14/2015

### 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: Emergency 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 53 year old male who sustained an industrial injury on 03-01-2013. A review of the medical records indicated that the injured worker is undergoing treatment for lumbar intervertebral disc disorder with myelopathy and sciatica. The injured worker is status post right L4-L5 intralaminar laminotomy, microdiscectomy, and partial laminectomy L4 and L5 on 09-15-2014. According to the treating physician's progress report on 11-04-2015, the injured worker continues to experience low back and right sided lumbar pain radiating to the right buttock and right posterior leg associated with weakness, numbness and tingling of the right foot rated at 2-4 out of 10 on the pain scale. Examination demonstrated tenderness to palpation at the lumbar, bilateral sacroiliac, sacrum and bilateral buttocks. According to the progress report dated 09-04-2015, lumbar range of motion was documented as flexion at 45 degrees and extension, bilateral lateral flexion and bilateral rotation at 15 degrees each. An official report of a lumbar spine magnetic resonance imaging (MRI) performed on 09-12-2015 was included in the review and interpreted in the progress notes dated 11-04-2015. Prior treatments have included diagnostic testing, surgery, physical therapy, a previous authorization on 09-15-2015 for a right lower extremity Electromyography (not performed), home exercises and medications. Current medications were listed as Naproxen, Prilosec and topical analgesics. The injured worker remains on temporary total disability (TTD). Treatment plan consists of home stretching exercises, low back support and the current request for an Electromyography (EMG) and Nerve Conduction Velocity (NCV) of the bilateral lower extremities. On 11-14-2015, the Utilization

Review determined the request for an Electromyography (EMG) and Nerve Conduction Velocity (NCV) of the bilateral lower extremities was not medically necessary.

### **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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, EMGs (electromyography); Nerve conduction studies (NCS).

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

**Decision rationale:** EMG (Electromyography) and NCV (Nerve Conduction Velocity) studies are 2 different studies that are testing for different pathology. As per ACOEM Guidelines, EMG may be useful in detecting nerve root dysfunction. There are documentation signs of radiculopathy on the right lower limb only. There are no left sided symptoms. Testing on an unaffected limb is not appropriate. EMG is not medically necessary. As per ACOEM guidelines, Nerve Conduction Velocity studies are contraindicated in virtually all knee and leg pathology unless there are signs of tarsal tunnel syndrome or any nerve entrapment neuropathies. There are no such problems documented. NCV is not medically necessary. EMG/ NCS of the bilateral lower extremities is not medically necessary.