

<b>Case Number:</b>	CM14-0117279		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	03/11/2013
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 is a male patient who reported an industrial injury on 3/11/2013, over 18 months ago, attributed to the performance of his usual and customary job duties. The patient complains of continued low back pain. The patient is receiving Norco for his pain. The objective findings on examination included decreased range of motion of the lumbar spine no neurological deficits to the bilateral lower extremities. The patient was diagnosed with a HNP at left L5-S1. The patient was reported to have left sided radicular pain. The treatment plan included a left lower extremity EMG/NCV.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyogram (EMG) of the left lower extremity, due to lumbar spine.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303; 62. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter EMG and NCS

**Decision rationale:** There is no objective evidence of any changes in the neurological status of the patient to warrant Electrodiagnostic studies. The patient was documented to have no neurological deficits to the left lower extremity. There were no equivocal findings on the MRI of

the lumbar spine that required Electrodiagnostic studies. The patient was documented to have a normal neurological examination other than reported subjective lateral leg numbness. There was no objective finding on examination of a sensory loss over a dermatomal distribution. There is no evidence of a nerve impingement radiculopathy on the MRI of the lumbar spine. The neurological examination was documented as normal. The MRI the lumbar spine fails to demonstrate a nerve impingement radiculopathy. The patient continues to complain of back pain. There were no demonstrated neurological deficits along a dermatomal distribution to the BLEs that were reproducible on examination. The patient was not noted to have any changes in clinical status. The patient had some subjective complaints of radiculitis; however, there were no documented objective findings on examination to support medical necessity. There is no demonstrated medical necessity for a LLE EMG/NCS for the pain management of this patient. The request for the authorization of the EMG/NCS of the bilateral lower extremities was not supported with any objective clinical findings that would demonstrate a change in the neurological status of the patient or demonstrate neurological deficits in the lower extremities. The patient was reported to have diffused non-focal weakness to the LLE and sensory changes to the lateral LLE, which were not specified. There is no documented nerve impingement radiculopathy. There are no documented neurological findings that would suggest a nerve entrapment neuropathy in the clinical documentation to the LLEs. The motor and sensory examination was documented to be normal. There are no equivocal MRI findings demonstrating a possible nerve entrapment radiculopathy. The MRI was not assessed as equivocal to support the medical necessity of the Electrodiagnostic testing. There is no demonstrated medical necessity for the requested EMG/NCV of the left lower extremity. Therefore the request is not medically necessary.