

<b>Case Number:</b>	CM14-0123518		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	01/03/2014
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 Occupational 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:

The injured worker is a 61-year-old male who sustained an injury on January 5, 2014. He is diagnosed with (a) lumbar spine discopathy, (b) lumbar spine radiculitis, (c) right common extensor tendon tear, (d) right lateral epicondylitis, (e) C5-C6 radiculopathy on the right, and (f) right and mild carpal tunnel syndrome. He was seen on June 16, 2014 for an evaluation. He had complaints of neck pain with stiffness and low back pain with radicular pain to the legs. The examination of the cervical spine revealed tenderness over the C4 through C7 and associated paraspinal muscles. There was positive Spurling's test and shoulder depression test on the right. The examination of the lumbar spine revealed 3+ tenderness and spasms over the paralumbar muscles, sacroiliac joint, sciatic notch, and sacral base on the left side. There were also 3+ tenderness and spasms over the spinous processes from L3 through S1 on the left side. The straight leg raising test was positive at 50 degrees on the left side with lower extremity radicular pain. The Kemp's test was positive on the left side as well.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyogram (EMG) Right Lower Extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 07/03/14)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography)

**Decision rationale:** The request for electromyography of right lower extremity is not medically necessary at this time. The review of medical records revealed that the injured worker recently underwent electromyography on May 15, 2014. More so, the Official Disability Guidelines stated that if radiculopathy is clinically obvious, the need for electromyography is not anymore necessary. The objective findings of the injured worker consistently indicate of radiculopathy as evidenced by straight leg raising test and magnetic resonance imaging scan findings. Hence, the request for electromyography of the right lower extremity is not medically indicated at this time.

**Nerve Conductive Velocity (NVC) Left Lower Extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 07/03/14)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS)

**Decision rationale:** The request for nerve conduction velocity study of the left lower extremity is not medically necessary at this time. The Official Disability Guidelines stated that nerve conduction studies are not recommended as there was limited evidence to support its use. They often gave low combined sensitivity and specificity in verifying root injury. Hence, the request for nerve conduction velocity study of the left lower extremity is not medically necessary at this time.

**Nerve Conductive Velocity (NVC) Right Lower Extremity:** Upheld

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