

<b>Case Number:</b>	CM14-0129292		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	02/03/2006
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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:

51 yr. old male claimant sustained a work injury on 2/4/06 involving the low back. He had symptoms of back pain with radiation to the right leg and decreased sensation. A progress note on 7/23/13 indicated he had no lumbar pain and a negative straight leg raise. Neurological findings included decreased sensation in the right lower extremity. Due to the findings he underwent a nerve conduction study on 7/23/13 that showed a decreased amplitude of the right plantar sensory nerve, a right chronic motor neuropathy and S1 radiculopathy on H-Reflex testing. An EMG was unremarkable. A progress note on 7/3/14 indicated the claimant had constant back pain and a "urinary problem." Exam findings were notable for restricted range of motion of the lumbar spine. The treating physician requested acupuncture and therapy. A subsequent request was made on 7/9/14 for a retro-request for the EMG performed in 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETO: DOS 7/16/2014 EMG left 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)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to the ACOEM guidelines, EMG is not indicated for clinically obvious radiculopathy. It is only recommended to clarify nerve root dysfunction. There were no complaints or findings on the left side of the leg. Therefore the request for an EMG on the left leg is not medically necessary.

**RETO: DOS 7/16/2014 EMG right lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guideline (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low back complaints Page(s): 309.

**Decision rationale:** According to the ACOEM guidelines, EMG is not indicated for clinically obvious radiculopathy. It is only recommended to clarify nerve root dysfunction. In this case, there were no signs of radiculopathy. The sensation exam was not specified anatomically prior to the request for an EMG. In addition, sensory findings are not correlated to EMG results. The request for an EMG of the right leg was not medically necessary.

**RETO: DOS 7/16/2014 NCV left 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)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar Pain

**Decision rationale:** According to the ACOEM and ODG guidelines, there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. They have limited value. In this case, the results did not alter management, pain or function. The exam was also not anatomically or physiologically specific for the sensory deficit. The NCV of the left leg was not medically necessary.

**RETO: DOS 7/16/2014 NCV 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)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar Pain

**Decision rationale:** According to the ACOEM and ODG guidelines, there is minimal justification for performing nerve conduction studies when a patient is presumed to have

symptoms on the basis of radiculopathy. They have limited value. In this case, the results did not alter management, pain or function. The exam was also not anatomically or physiologically specific for the sensory deficit. The NCV of the right leg was not medically necessary.