

<b>Case Number:</b>	CM14-0133024		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	08/17/2007
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 Physical Medicine and Rehabilitation, Pain Medicine and is licensed to practice in Texas. 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 48-year-old male who sustained an injury on 08/17/07 when he fell injuring his low back and elbow. The clinical report dated 08/15/14 noted that the injured worker continued to have significant low back pain. The physical exam noted that the injured worker was utilizing a walker due to an antalgic gait. There was marked tenderness to palpation in the lumbar midline at L5-S1 as well as tenderness to palpation in the left lateral hip. There was limited lumbar range of motion noted. The injured worker did have a positive straight leg raise to the left at 30 degrees. There was profound weakness in the left lower extremity with absent reflexes left vs. right. The requested electromyography/nerve conduction study (EMG/NCS) was denied on 08/04/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG of lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** In review of the clinical documentation provided, the requested EMG studies for the lower extremities would not be supported as medically necessary per current evidence based guideline recommendations. The injured worker does present with objective findings concerning possible radiculopathy in the lower extremities, more so to the left lower extremity than right. However, there are no imaging studies that are either non-diagnostic in nature or reveal multi-level pathology, such as stenosis, which would then require EMG to pinpoint a particular level contributing to the injured worker's symptoms and physical exam. Given the lack of non-diagnostic imaging of the lumbar spine, this reviewer would not recommend the proposed EMG study as medically necessary.

**NCV of lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 343.

**Decision rationale:** In review of the clinical documentation provided, the requested NCS studies for the lower extremities would not be supported as medically necessary per current evidence based guideline recommendations. The injured worker does present with objective findings concerning possible radiculopathy in the lower extremities; however, there are no indications of any peripheral neuropathy symptoms that would support NCS testing. Per current evidence based guidelines, NCS is not indicated solely for determining the presence of radiculopathy. As such, this reviewer would not have recommended this request as medically necessary.