

<b>Case Number:</b>	CM14-0145089		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	03/13/2014
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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:

59-years old female claimant sustained a work injury involving the neck and low back. She was diagnosed with cervical, thoracic and lumbar strain. An MRI on 6/19/14 indicated the claimant had L4-L5 disc protrusion with moderate canal stenosis and possible L5 nerve root impingement. A progress note on 8/5/14 indicated the claimant had undergone physical and chiropractic therapy as well as home exercises but had continued neck and back pain. Exam findings were notable for tenderness from the neck to the low back. Sensation was decreased in the left lower extremity. The physician requested an EMG and NCV of the left lower extremity to evaluate lumbosacral radiculopathy and left cervical radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV Left Lumbosacral:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**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 guidelines, there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. In this case, the exam findings did not indicate the level of neurological concern, weakness or abnormality that would require an NCV. The exam findings were consistent with the MRI findings of the lumbar spine. As a result the request for an NCV of the left lumbosacral region is not medically necessary.

**EMG of Left Lumbosacral:** Upheld

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

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

**Decision rationale:** According to the ACOEM guidelines, an EMG is not recommended for clinically obvious radiculopathy. It is recommended to clarify nerve root dysfunction. In this case, the exam and MRI findings correlate to the physical findings. As a result, the request for an EMG of the left leg is not medically necessary.