

<b>Case Number:</b>	CM14-0089363		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	07/07/2008
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Alabama, New York, Maryland. 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 patient is a 61-year-old male who was injured on 07/07/2008. The mechanism of injury is unknown. Prior medication history included Norco and Flexeril. Prior treatment history has included physical therapy, TENS, and home exercise program. The patient underwent lumbar fusion at L4-L5 on 11/18/2011. Diagnostic studies reviewed include MRI of the lumbar spine dated 04/02/2014 revealed grade I anterior listhesis of L4 on L5; L1-L2: Broad-based posterior disc herniation indenting the thecal sac with concurrent hypertrophy of facet joints and ligamentum flava which cause stenosis of the spinal canal; L5-S1 broad-based posterior disc herniation abutting the thecal sac with concurrent hypertrophy of facet joints and ligamentum flava. Progress report dated 05/27/2014 indicates the presented with complaints of chronic low back pain. Objective findings on exam revealed spasm of the lumbar spine. Range of motion is painful and limited but improved. Motor strength is intact bilaterally. Straight leg raise is negative bilaterally as well as Lasegue sign. The patient is diagnosed with multilevel lumbar fusion L2-L5 ASF/PSF and lumbar spine degenerative disk disease. The plan is TENS unit for chronic pain; home exercise program; and Norco 10/325 mg. Prior utilization review dated 06/09/2014 states the request for (Retro 11/18/11/) EMG/NCS of the bilateral lower extremities is denied as velocity monitoring of peripheral nerves during surgery is not recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCS of the Bilateral Lower Extremities:** 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 Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation (NMES devices), EMG Page(s): 121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) EMG/NCS Section Pain

**Decision rationale:** Based on the CA MTUS CPMT / ODG (EMG/NCS) guidelines, Electromyography (EMG) and Nerve Conduction Studies (NCS) are generally accepted, well established, and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy. However, EMG and NCS are separate studies and should not necessarily be done together. The guidelines support the fact that NCS is not recommended, but needle EMG is recommended as an option to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious as in this case based on the available medical records. Based on the CA MTUS CPMT guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.