

<b>Case Number:</b>	CM14-0099725		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	07/21/2009
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Geriatrics and is licensed to practice in New York. 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 woman with a date of injury of 7/21/09. She was seen by her primary treating physician with complaints of 8/10 pain in her right lower extremity with weakness. Her medications included norco and flexeril. On exam, she was tender with spams over her lumbar and lumbosacral spine with right lower extremity strength 4+/5 and decreased L4-S1 sensation on the right. She underwent MRI in 5/14 showing post-operative changes at L5-S1 after posterior fixation and midline disc protrusions at L2-3 and L4-5 with no neural abutment or central canal narrowing and mild multilevel facet arthropathy. Her diagnoses included lumbar spine sprain/strain status post-surgery with residuals and right knee effusion per MRI. At issue in this review is an EMG/NCS of bilateral lower extremities to rule out lumbar radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography Bilateral Lower Extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 287-326.

**Decision rationale:** Electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with low back symptoms, or both, lasting more than three or four weeks. They can identify low back pathology in disc protrusion. This injured worker has already had a lumbar MRI in 5/14 showing post-operative changes at L5-S1 after posterior fixation and mid-line disc protrusions at L2-3 and L4-5 with no neural abutment or central canal narrowing and mild multilevel facet arthropathy. There are no red flags on physical exam to warrant further imaging, testing or referrals. The records do not support the medical necessity for an EMG of the bilateral lower extremities.

**Nerve Conduction Study Bilateral Lower Extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-326.

**Decision rationale:** Electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with low back symptoms, or both, lasting more than three or four weeks. They can identify low back pathology in disc protrusion. This injured worker has already had a lumbar MRI in 5/14 showing post-operative changes at L5-S1 after posterior fixation and midline disc protrusions at L2-3 and L4-5 with no neural abutment or central canal narrowing and mild multilevel facet arthropathy. There are no red flags on physical exam to warrant further imaging, testing or referrals. The records do not support the medical necessity for NCS of the bilateral lower extremities.