

<b>Case Number:</b>	CM14-0180084		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	07/24/2013
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 31-year-old male with an industrial injury dated 07/24/2013 resulting in low back pain. His diagnoses included lumbago, lumbar radiculopathy, lumbar disc protrusion, anxiety and depression. Prior treatment included chiropractic, diagnostics, physical therapy, psychiatrist, home exercise program, TENS unit and medications. He presents on 09/08/2014 with complaints of low back pain. He states the pain is about the same and has no new symptoms to report at the time of the exam. He was receiving physical therapy, which was helping in alleviating pain symptoms. Straight leg raising test was noted to be positive, producing low back pain, which radiated into the bilateral lower extremities. Facet loading test was also noted to be positive. Sensation was intact to light touch. MRI dated 03/11/2014 showed no compression fracture. It was suggestive of a disc extrusion. Mild facet joint hypertrophy is noted. The treating physician requested EMG/NCS (electro diagnostic studies) of bilateral lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV (bilateral lower extremities): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, EMG/NCV.

**Decision rationale:** Pursuant to the Official Disability Guidelines, bilateral lower extremity EMG/NCV studies are not medically necessary. Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after one-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The ACOEM states unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. In this case, the injured worker's working diagnoses are lumbago; lumbar radiculopathy; lumbar disc protrusion; anxiety and depression. Electrodiagnostic studies were completed on August 11, 2014. The hardcopy EMG is contained in the medical record. The results show an abnormal EMG of the bilateral lower extremities. There is evidence of a chronic right L4/L5 lumbar radiculopathy. There was no evidence of myopathy. A subsequent progress note dated September 8, 2014 states EMG/NCV studies of the lower extremities were reviewed according to the documenting treating provider. In the treatment plan section, the treating provider is re-requesting EMG/NCS of the bilateral lower extremities. There is no clinical indication/rationale in the medical record to repeat EMGs that were performed August 11, 2014 (one month prior). Objectively, it was positive straight like raising and positive facet loading with the normal sensory and motor examination. Consequently, absent compelling clinical documentation with a clinical indication and rationale to repeat electro diagnostic studies, bilateral lower extremity EMG/NCV studies are not medically necessary.