

<b>Case Number:</b>	CM14-0211105		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	03/21/1991
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

Injured worker is a male with date of injury 3/21/1991. Per progress note dated 11/5/2014, the injured worker reports that he is going for a California QME/IME and needs an updated MRI of the lumbar spine and cervical spine per his attorney. He has not had structural studies since 2006 in California that did show significant discs in both regions. He is currently managing his pain with medications and heat/hot tub treatments at home. He is sleeping well with Klonopin. He also needs EMG/NCV of lower extremities and upper extremities due to persistent numbness and tingling. On examination he appears to be in moderate pain, guarding in the area of injury. He has pain with sitting to standing, and with standing to sitting. Lumbar spine has 3+ tenderness midline over the L5 level. Some paraspinal spasms are present. He has multiple trigger points. There is decreased sensation in upper extremities and lower extremities. Sciatic pattern in lower extremities with straight leg raise. Diagnoses include 1) other symptoms referable to back. 2) thoracic or lumbosacral neuritis or radiculitis. 3) lumbosacral spondylosis without myelopathy. 4) displacement of lumbar intervertebral disc without myelopathy. 5) intervertebral lumbar disc disorder without myelopathy, lumbar region. 6) headache. 7) unspecified sleep disturbance. 8) posttraumatic stress disorder. 9) displacement of intervertebral disc without myelopathy. 10) degeneration of thoracic or thoracolumbar intervertebral disc.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nerve conduction velocity (NCV) Right Lower Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment for Workers' Compensation, Online Edition, Chapter: Low Back- Lumbar & Thoracic- Electrodiagnostic Studies (EDS)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Nerve conduction studies (NCS) section

**Decision rationale:** The MTUS Guidelines do not specifically address nerve conduction studies of the lower extremities. Per the ODG, nerve conduction studies are not recommended because there is minimal justification of performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. NCV is not indicated if there already is identified pathology because it does not add benefit in medical management. The request for Nerve conduction velocity (NCV) Left Lower Extremity is determined to not be medically necessary. The MTUS Guidelines do not specifically address nerve conduction studies of the lower extremities. Per the ODG, nerve conduction studies are not recommended because there is minimal justification of performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. NCV is not indicated if there already is identified pathology because it does not add benefit in medical management. The request for Nerve conduction velocity (NCV) Left Lower Extremity is determined to not be medically necessary.

**Electromyography (EMG) Left Lower Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment for Workers' Compensation, Online Edition, Chapter: Low Back- Lumbar & Thoracic- Electrodiagnostic Studies (EDS)

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

**Decision rationale:** Per the MTUS Guidelines, EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. EMG is not indicated if there already is identified pathology because it does not add benefit in medical management. The request for Electromyography (EMG) Right Lower Extremity is determined to not be medically necessary.

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