

<b>Case Number:</b>	CM15-0115211		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	01/13/2015
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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, Massachusetts

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:

The injured worker is a 42 year old male, who sustained an industrial injury on 01/13/2015. He reported back and sciatica pain as a result of checking bait traps. A February 2015 MRI of the lumbar spine showed "minimal central canal stenosis at L4-5, 5 mm right herniation, stable central canal stenosis and mild left neural foraminal stenosis at L5-S1 due to an 8mm broad based disc herniation". On provider visit dated 05/18/2015 the injured worker has reported low back pain and right leg pain. On examination paraspinals were noted to be tender to palpation bilaterally and range of motion was decreased. Straight leg test was positive. And decreased sensation to light touch was noted as well. The diagnoses have included lumbar spine disc protrusion and spondylolisthesis. Treatment to date has included medication. The provider requested (EMG) electromyogram lumbar spine- bilateral and a nerve conduction study spine - bilateral.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG Lumbar Spine, Bilateral:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 182.

**Decision rationale:** According to MTUS guidelines, EMG are appropriate diagnostic studies "to clarify root dysfunction in cases of suspected disc herniation preoperative or before epidural injection ", however EMG studies are not indicated "for diagnosis of nerve root involvement if findings of history, physical exam, and imaging study are consistent". From my review of the records it appears that both the history, physical exam and MRI findings indicate that the IW is experiencing radicular pain related to nerve root involvement, consequently according to the cited guidelines electrodiagnostic studies will not contribute to the differential diagnosis or alter treatment plan. The request is not medically necessary.

**NCV Lumbar Spine, Bilateral:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 5/15/15).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 182.

**Decision rationale:** According to MTUS guidelines, EMG/NCV are appropriate diagnostic studies "to clarify root dysfunction in cases of suspected disc herniation preoperative or before epidural injection ", however EMG/NCV studies are not indicated "for diagnosis of nerve root involvement if findings of history, physical exam, and imaging study are consistent". From my review of the records it appears that both the history, physical exam and MRI findings indicate that the IW is experiencing radicular pain related to nerve root involvement, consequently according to the cited guidelines electrodiagnostic studies will not contribute to the differential diagnosis or alter treatment plan. The request is not medically necessary.