

<b>Case Number:</b>	CM15-0115333		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	10/22/2013
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	05/26/2015
<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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 (IW) is a 33 year old male who sustained an industrial injury on 10/22/2013. He reported that he stepped in a hole when carrying a 10x10 post and the post pushed him backward. He heard a cracking sound in his back and felt significant pain. The injured worker was diagnosed as having lumbosacral spondylosis, spondylolisthesis, radiculopathy, and adjustment disorder. Treatment to date has included chiropractic, physical therapy, and medications. Currently, the injured worker complains of musculoskeletal pain in the lumbar spine. According to provider notes, the worker complains that he gets a sharp pain in his lower back when he sneezes. His pain is worse in the morning, and the pain is generally mild. He states his lower back is doing better. The IW has normal range of motion, no pedal edema, sensations are normal with good flexion, extension, rotation and normal deep tendon reflexes. Straight leg raise test was negative for radiculopathy. Somatic sensation as tested by a sharp pin showed no dermatomal sensory loss His medications are Ibuprofen. A request for authorization is made for EMG/NCV (Electromyogram/Nerve conduction velocity) for the 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 for the bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back / Nerve Conduction Studies (NCS) page 896.

**Decision rationale:** The requested EMG/NCV for the bilateral lower extremities is not medically necessary and appropriate. According to the CA MTUS/ACOEM Guidelines (2004), electromyography (EMG), is useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. While the Official Disability Guidelines, do not recommend nerve conduction studies for the low back as there is minimal justification when a patient or injured worker is presumed to have symptoms on the basis of radiculopathy. In this case, most current records do not provide any significant evidence to substantiate the need for the requested EMG/NCV. Neurosurgeon consultation objective findings indicate normal findings except for left calf pain elicited by heel-toe walk. Provocative tests including straight leg raising test did not elicit any radicular symptoms. Sensory, muscle strength, muscle tone, and deep tendon reflex testing were normal. Based on the absence of any indications suggestive of radiculopathy, the requested EMG/NCV is not medically necessary.