

<b>Case Number:</b>	CM15-0126005		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	10/04/1999
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: Emergency 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 57 year old male, who sustained an industrial injury on 10/4/99. He reported pain in his lower back after he bent over to tighten a bolt. The injured worker was diagnosed as having post lumbar laminectomy syndrome, lumbar disc disease and lumbar radiculitis. Treatment to date has included physical therapy x 12 sessions, acupuncture, a cortisone injection, a lumbar fusion on 2/23/10 and a TENs unit with 50% pain relief. The injured worker had an EMG study on 9/19/06 which showed S1 radiculopathy. As of the PR2 dated 5/14/15, the injured worker reports constant low back pain and right lower extremity radicular pain and numbness. Objective findings include decreased lumbar range of motion and a positive straight leg raise test on the left at 30 degrees. The treating physician requested an EMG/NCV of 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 of the left lower extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** As per ACOEM Guidelines, EMG may be useful in detecting nerve root dysfunction. It does not recommend testing for obvious radiculopathy. Patient has obvious signs of radiculopathy and had a prior EMG that already confirmed that diagnosis. There is no rationale to retest for a diagnosis that is already confirmed. EMG is not medically necessary.

**EMG of the right lower extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** As per ACOEM Guidelines, EMG may be useful in detecting nerve root dysfunction. It does not recommend testing for obvious radiculopathy. Patient has obvious signs of radiculopathy and had a prior EMG that already confirmed that diagnosis. There is no rationale to retest for a diagnosis that is already confirmed. EMG is not medically necessary.

**NCV of the left lower extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377.

**Decision rationale:** As per ACOEM guidelines, Nerve Conduction Velocity studies are contraindicated in virtually all knee and leg pathology unless there signs of tarsal tunnel syndrome or any nerve entrapment neuropathies. There are no such problems documented. NCV is not medically necessary.

**NCV of the right lower extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377.

**Decision rationale:** As per ACOEM guidelines, Nerve Conduction Velocity studies are contraindicated in virtually all knee and leg pathology unless there signs of tarsal tunnel syndrome or any nerve entrapment neuropathies. There are no such problems documented. NCV is not medically necessary.

