

<b>Case Number:</b>	CM15-0129363		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	01/08/2015
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 is a(n) 37 year old male, who sustained an industrial injury on 1/8/15. He reported pain in his lower back related to falling down some stairs. The injured worker was diagnosed as having lumbosacral sprain, thoracic sprain, myalgia and possible lumbar disc injury with radiculopathy. Treatment to date has included physical therapy, a TENs unit, massage, chiropractic treatment and acupuncture with benefit. A lumbar MRI on 5/1/15 showed L4-L5 bilateral neural foraminal narrowing and a 1mm broad-based posterior protrusion. As of the PR2 dated 6/2/15, the injured worker reports pain in his lower back with numbness in the lateral aspect of the right leg. He rates his pain a 2-5/10. Objective findings include a positive straight leg raise test at 60 degrees, decreased lumbar range of motion and a positive Hibbs test. The treating physician requested an EMG-NCV in 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 left lower extremity:** 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) - online version.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Extremity Complaints: EMG/NCV.

**Decision rationale:** EMG left lower extremity is not medically necessary. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures). Electromyography (EMG), NCS including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The physical exam was not indicative of a radiculitis and there was no confirmation with the MRI. There is no indication for an EMG of the left lower extremity; therefore the request is not medically necessary.

**EMG right lower extremity:** 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) - online version.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Extremity Complaints: EMG/NCV.

**Decision rationale:** EMG right lower extremity is not medically necessary. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures). Electromyography (EMG), NCS including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The physical exam was not indicative of a radiculitis and there was no confirmation with the MRI. There is no indication for an EMG of the right lower extremity; therefore the request is not medically necessary.

**NCV left lower extremity:** 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) - online version.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low extremity Complaints: EMG/NCV.

**Decision rationale:** NCV left lower extremity is not medically necessary. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures). Electromyography (EMG), NCS including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The physical exam was not indicative of a radiculitis and there was no confirmation with the MRI. There is no indication for NCV left lower extremity; therefore the request is not medically necessary.

**NCV right lower extremity:** 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) - online version.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Extremity Complaints: EMG/NCV.

**Decision rationale:** NCV right lower extremity is not medically necessary. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures). Electromyography (EMG), NCS including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The physical exam was not indicative of a radiculitis and there was no confirmation with the MRI. There is no indication for NCV right lower extremity; therefore the request is not medically necessary.