

<b>Case Number:</b>	CM15-0145776		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	03/16/2009
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 63 year old male, who sustained an industrial injury on 3-16-2009. He reported falling backwards when his chair broke. The injured worker was diagnosed as having lumbar-lumbosacral disc degeneration, sciatica, and low back syndrome. Treatment to date has included diagnostics, epidural injections, physical therapy, and medications. On 3-30-2015, the injured worker complains of constant low back pain and tingling in his feet. He noted a flare in his back condition for the past month, with no new injury and no treatment. He was retired and his work status was permanent and stationary. Current medications included Gabapentin and Meloxicam. Exam of the lumbar spine noted flexion 80 degrees, extension 20 degrees, and intact neurological examination. The treatment plan included electromyogram and nerve conduction studies 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 (Electromyelography)/ NCV (Nerve Conduction Velocity) of the bilateral lower extremities:** Overturned

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

Treatment Index, 13th Edition (web), 2015, Low Back Electromyography (EMG) and Nerve Conduction Studies (NCS).

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

**Decision rationale:** According to the guidelines, an EMG is recommended to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection. It is indicated after a month of failure to improve. It is not recommended for the diagnoses of nerve root involvement if history and physical exam, and imaging are consistent. An NCV is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by history and physical. In this case, the exam findings and symptom complaint do not agree. The claimant's symptoms are chronic. As a result, the request is appropriate and medically necessary.