

<b>Case Number:</b>	CM15-0149013		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	09/29/2008
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 64-year-old female, who sustained an industrial injury on 09-29-2008. On provider visit dated 05-11-2015 the injured worker has reported lumbar spine pain that radiates to bilateral lower extremities. On examination the lumbar spine was noted to have tenderness to palpation with spasm, decreased range of motion, straight leg raise was positive on right, Braggard's sign was positive on right and decreased sensation right lower extremities was noted. The diagnoses have included multiple level lumbar stenoses. Treatment to date has included medication. The injured worker was noted not to be working. The provider requested EMG (electromyogram) -NCV (nerve conduction studies) lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 5/15/15), Online Version, Nerve Conduction studies.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, EMG/NCV.

**Decision rationale:** Pursuant to the ACOEM and Official Disability Guidelines, lower extremity EMG/NCV studies are not medically necessary. Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after one month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The ACOEM states unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. In this case, the injured worker's working diagnosis is multiple level lumbar stenoses. Date of injury is September 29, 2008. Request for authorization is July 7, 2015. According to the most recent progress note dated May 11, 2015, there is no request for a lower extremity EMG/NCV. Subjectively, the injured worker has continued lumbosacral spine pain with new bilateral lower extremity. Objectively, there is tenderness palpation with decreased range of motion of the lumbar spine. There is positive straight leg raising. There is decreased sensation in the right lower extremity. There is no detailed neurologic examination in the medical record. An MRI was performed April 6, 2015. The MRI showed significant multilevel lumbar spondylosis. Additionally, there is an L4 - L5 grade 1 spondylolisthesis secondary to facet arthropathy and possible right L4 spondylosis. There are no corroborating electrodiagnostic studies in the medical record. There is no clear-cut objective evidence of radiculopathy on physical examination. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Additionally, the treating provider does not specify right lower extremity versus the left lower extremity. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation specifying right lower extremity versus left lower extremity, no clear-cut objective evidence of radiculopathy with a detailed neurologic evaluation and guideline recommendation stating there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy, lower extremity EMG/NCV studies are not medically necessary.