

<b>Case Number:</b>	CM15-0068505		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	10/02/2013
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 59 year old female with an industrial injury dated October 2, 2013. The injured worker diagnoses include sciatica, lumbago and displacement of lumbar intervertebral disc without myelopathy. She has been treated with diagnostic studies and periodic follow up visits. According to the progress note dated 2/11/2015, the injured worker reported back pain radiating down the extremity with pain worse during flexion. Objective findings revealed moderate distress with pain and positive straight leg raise test. The treating physician prescribed services for nerve conduction velocity (NCV) and electromyography (EMG) for right lower extremity/lumbar.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV Right Lower Extremity/Lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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-Nerve conduction studies (NCS).

**Decision rationale:** NCV Right Lower Extremity/Lumbar is not medically necessary per the MTUS and the ODG Guidelines. The MTUS states that electromyography (EMG), 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 ODG states that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The documentation does not reveal neurologic dysfunction or suggest diagnoses other than radiculopathy. The request for NCV right lower extremity is not medically necessary.

**EMG Right Lower Extremity/Lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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) Lumbar & Thoracic (Acute & Chronic)- EMG.

**Decision rationale:** EMG Right Lower Extremity/Lumbar is not medically necessary per the MTUS and the ODG Guidelines. The MTUS states that electromyography (EMG), 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. EMG's are not necessary if radiculopathy is already clinically obvious. The documentation does not reveal neurologic dysfunction or suggest a diagnoses other than radiculopathy. The request for EMG right lower extremity/lumbar is not medically necessary.