

<b>Case Number:</b>	CM15-0069409		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	11/15/2014
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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: Internal Medicine, Rheumatology

### 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 48 year old male who sustained an industrial injury on 11/15/2014. Current diagnosis includes lumbosacral radiculopathy. Previous treatments included medication management, chiropractic therapy, pain shot, physiotherapy, and home exercise program. Previous diagnostic studies included x-rays of the lower back and MRI of the lumbar spine. Initial complaints included a sudden onset of pain in the lower back after lifting a person off the ground. Report dated 02/23/2015 noted that the injured worker presented with complaints that included constant nagging lower back pain that travels to his legs and feet with episodes of numbness and tingling. Pain level varies throughout the day. Physical examination was positive for abnormal findings. The treatment plan included requests for MRI and neurodiagnostics of the lower extremities, and medications were provided. Disputed treatments include EMG (electromyography)/NCV (nerve conduction velocity) Bilateral Lower Extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG (electromyography)/NCV (nerve conduction velocity) - Bilateral Lower Extremities:**  
Upheld

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

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

**Decision rationale:** This 48 year old male has complained of low back pain since date of injury 11/15/14. He has been treated with injections, physical therapy, chiropractic therapy and medications. The current request is for EMG/NCV of the bilateral lower extremities. The available medical records document objective findings consistent with a radiculopathy. Per the ACOEM guidelines cited above, an EMG/NCV study is not recommended when there is a clinically obvious radiculopathy. Based on the available medical records and per the ACOEM guidelines cited above, EMG/NCV of the lower extremities is not medically necessary.