

<b>Case Number:</b>	CM15-0073739		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	05/25/2010
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 50 year old male, who sustained an industrial/work injury on 5/25/10. He reported initial complaints of low back pain. The injured worker was diagnosed as lumbar disc displacement with radiculopathy, myofascial pain syndrome, s/p left L4-5 micro-discectomy. Treatment to date has included medication, acupuncture, surgery (back surgery in 10/2010). Currently, the injured worker complains of back pain with radiculopathy. Per the primary physician's progress report (PR-2) on 3/16/15, examination reported a surgical scar with positive straight leg raise on the left. Motor strength and range of motion is normal. The requested treatments include EMG/NCV (electromyography and nerve conduction velocity) test for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV for the lumbar spine:** Upheld

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

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

& Thoracic (Acute & Chronic), EMGs (electromyography) and Other Medical Treatment Guidelines Recommended Policy for Electrodiagnostic Medicine.

**Decision rationale:** He claimant is more than five years status post work-related injury and continues to be treated for chronic radiating low back pain. Treatments have included an L4-5 microdiscectomy. Prior to surgery EMG/NCS testing had shown findings of an S1 radiculopathy. When seen, there was positive straight leg raising. There was an otherwise normal neurological examination. Indications for repeat testing include the following: (1) The development of a new set of symptoms (2) When a serious diagnosis is suspected and the results of prior testing were insufficient to be conclusive (3) When there is a rapidly evolving disease where initial testing may not show any abnormality (e.g., Guillain-Barre syndrome) (4) To follow the course of certain treatable diseases such as polymyositis or myasthenia gravis (5) When there is an unexpected course or change in course of a disease and (6) To monitor recovery and help establish prognosis and/or to determine the need for and timing of surgical interventions in the setting of recovery from nerve injury. In this case, the claimant has already had EMG/NCS testing and there is no lower extremity motor or strength deficit. None of the above indications is present. The testing requested is not medically necessary.