

<b>Case Number:</b>	CM15-0079207		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	07/17/2009
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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, Texas  
 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 54 year old male, who sustained an industrial injury on 07/17/2009. He reported that while he was working in a confined space under a container, he was pushing a lever and felt a pop in his lower back with immediate onset of pain to the lower back. The injured worker was diagnosed as having cervical strain with minimal narrowing at cervical five to six, cervical disc protrusions at cervical five to six and cervical six to seven, bulging disc at cervical four to five, lumbosacral strain, lumbar bulge and foraminal narrowing at lumbar five to sacral one, bilateral sacral one radiculopathy, and status post lumbar discectomy. Treatment to date has included medication regimen, stretching exercises, electromyogram of the upper extremities, magnetic resonance imaging of the lumbar spine, magnetic resonance imaging of the cervical spine, x-rays of the neck, back, shoulder, and hand, above noted procedures, and aqua therapy. In a Follow-up Orthopedic Agreed Medical Evaluation dated 12/02/2014 the treating physician reports complaints of pain to the neck that is rated a three out of ten to an eight to nine out of ten with associated symptoms of popping and clicking to the neck along with limited range of motion due to pain and stiffness. The injured worker also has complaints of pain to the low back that is rated a three out of ten to an eight out of ten along with a burning sensation and spasms to the lower back. The documentation provided did not contain a request for an electromyogram with nerve conduction velocity of the left lower extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV of the Left Lower Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-303.

**Decision rationale:** When definitive neurologic findings on physical exam, electrodiagnostic studies, lab tests, or bone scans are present imaging may be warranted. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case the documentation doesn't support the need for EMG/NVS given a physical exam without neurologic deficits. The request is not medically necessary.