Case Number:	CM15-0084408		
Date Assigned:	05/06/2015	**Date of Injury:**	01/06/2010
Decision Date:	10/09/2015	**UR Denial Date:**	04/02/2015
Priority:	Standard	**Application Received:**	05/01/2015

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: New Jersey, Alabama, California
Certification(s)/Specialty: Neurology, 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 was 52 year old male, who sustained an industrial injury on January 6, 2010. The injured current complaint on March 30, 2015 was low back pain along with the mention of right lower extremity weakness and pain radiating into the right foot. The pain was rated at 4 out of 10 with medication and 4-5 out of 10 without medications. Without medications the injury worker was unable to perform activities of daily living and improves participation in home exercise program. The injured worker described the pain as moderate, constant and dull. The physical exam noted tenderness along the paravertebral muscles, left worse than the right. There was decreased range of motion of lumbar flexion and right rotation. There was decreased strength in the right lower extremity and dorsiflexors of 2 out of 5. There was reduced sensation in the L5-S1 dermatomal distribution and absent in the ankle. The injured worker was diagnosed with cervical disorder, thoracic and lumbosacral neuritis or radiculopathy unspecified strain and sprains. The injured worker's treatment plan lumbar spine MRI on November 2, 2011, consisted of 8 sessions of physical therapy and home exercise program. The treatment plan included RFA (request for authorization) on March 19, 2015, for EMG and NCS (electromyography and Nerve conduction studies) of the right lower extremity as an outpatient, with the utilization review dated April 2, 2015. The injured worker was awaiting an updated MRI of the lumbar spine MRI with contrast to evaluate postoperative changes, until this was completed and outcome known, it cannot be determined if any additional diagnostic studies will be necessary, therefore the EMG and NCS of the right lower extremity was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography/nerve conduction velocity study (EMG/NCV) of the right lower extremity as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): (s) 178-179, 182 and 303-304.

Decision rationale: According to MTUS guidelines (MTUS page 303 from ACOEM guidelines), "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 has excellent ability to identify abnormalities related to disc protrusion (MTUS page 304 from ACOEM guidelines). According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. "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), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." (page 178). EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is useful to identify physiological insult and anatomical defect in case of neck pain (page 179). In this case, there is no clear evidence of radiculopathy. MTUS guidelines do not recommend EMG/NCV without signs of radiculopathy or nerve dysfunction. In addition, the patient is awaiting an updated MRI of the lumbar spine MRI with contrast to evaluate postoperative changes. Therefore, the request for EMG/NCV study of the right lower extremity is not medically necessary.