

<b>Case Number:</b>	CM15-0094359		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	07/09/2010
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: California  
 Certification(s)/Specialty: Emergency 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 47 year old female, who sustained an industrial injury on 07/09/2010. The injured worker is currently temporarily totally disabled. The injured worker is currently diagnosed as having lumbar spondylolisthesis at L5-S1, lumbar instability, lumbar radiculopathy, status post anterior lumbar spine fusion surgery on 08/07/2012, and morbid obesity. Treatment and diagnostics to date has included lumbar spine MRI which showed postsurgical changes, an irregular area of signal along the left lateral posterior disc margin with moderate narrowing, and anterolisthesis of L5 on S1, lumbar spine fusion, back brace, and medications. In a progress note dated 01/21/2015, the injured worker presented with complaints of pain to the low back and lower extremities with continued numbness, tingling, and weakness of the lower extremities. Objective findings include antalgic gait, back brace present, and in moderate distress. The treating physician reported requesting authorization for electro-myography/nerve conduction velocity studies to 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 Extremity:**  
 Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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

**Decision rationale:** The requested EMG (electromyography)/ NCV (nerve conduction velocity) Bilateral Lower Extremity is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, page 303, Special Studies and Diagnostic and Treatment Considerations, note "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study". The injured worker has pain to the low back and lower extremities with continued numbness, tingling, and weakness of the lower extremities. Objective findings include antalgic gait, back brace present, and in moderate distress. The treating physician has not documented physical exam findings indicative of nerve compromise such as a positive straight leg raising test or deficits in dermatomal sensation, reflexes or muscle strength, nor how this diagnostic test will change the current treatment plan. The criteria noted above not having been met, EMG (electromyography)/ NCV (nerve conduction velocity) Bilateral Lower Extremity is not medically necessary.