

<b>Case Number:</b>	CM15-0098933		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	05/21/2011
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 51-year-old female, who sustained an industrial injury on 05/21/2011. She has reported subsequent back pain with radiation to the right leg and was diagnosed with chronic right low back pain with radicular symptoms. Treatment to date has included oral pain medication, facet blocks and physical therapy. In a progress note dated 05/04/2015, the injured worker complained of back pain with radiation to the buttocks, hamstrings, calf, ankle and foot. Objective findings were notable for tenderness over the right buttock and decreased pinprick in the right sural distribution. A request for authorization of electromyogram/nerve conduction studies of the bilateral lower extremities was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV Bilateral Lower Extremity:** 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), Low Back.

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

**Decision rationale:** The patient presents with back pain with radiation to the buttocks, hamstrings, calf, ankle, and foot. The current request is for EMG/NCV Bilateral Lower Extremity. The treating physician states, in a report dated 05/04/15, "Unfortunately, she has not responded to facet blocks. Therefore, I would like the opportunity to repeat her EMG, which was positive in the past." (9B) The ACOEM guidelines state, "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." In this case, the treating physician has noted "██████" then ordered an EMG/NCV study. ██████ performed this on January 31, 2013. He concluded that the study was abnormal, with denervation in the right L5 and S1 nerve roots, but nerve conduction time studies were normal." The treating physician has failed to document any objective necessity for repeating an EMG/NCV. The current request is not medically necessary.