

<b>Case Number:</b>	CM15-0128581		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	02/26/2014
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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 47 year old male, who sustained an industrial injury on February 26, 2014. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having lumbosacral or thoracic neuritis or radiculitis unspecified, lumbosacral-joint-ligament sprain and strain and lumbalgia-lumbar intervertebral disc without myelopathy. Treatment to date has included diagnostic studies, home exercise, ice application, heat, medications and Transcutaneous Electrical Nerve Stimulation (TENS) unit. On April 10, 2015, the injured worker complained of low back pain with radiation to the bilateral lower extremities. Pain control was noted to be achieved with ice application, heat, home exercises and TENS unit. The treatment plan included medication, consultation, diagnostic studies and a trial of acupuncture. A request was made for an EMG-NCS of the bilateral lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCS bilateral lower extremities (BLE): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Low Back Chapter, EMGs electromyography and Nerve Conduction Studies (NCS); ACOEM Guidelines, Low Back Disorders updated 4/07/08, page 62.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

**Decision rationale:** The claimant sustained a work-related injury in February 2014 and is being treated for radiating low back pain. An MRI of the lumbar spine on 05/01/15 showed findings of a left lateralized L5/S1 disc protrusion without canal or foraminal stenosis. When seen, the claimant was having radiating symptoms bilaterally, worse on the left side with numbness and tingling and stabbing. Physical examination findings were lumbar spine tenderness with muscle spasms. Bilateral lower extremity EMG/NCS testing is being requested. Electrodiagnostic testing (EMG/NCS) is generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments or radiculopathy. Criteria include that the testing be medically indicated. In this case, there is no evidence of peripheral nerve compression or metabolic pathology. There are no physical examination findings such as decreased strength or sensation in a myotomal or dermatomal pattern or asymmetric reflex response that supports a diagnosis of radiculopathy. The claimant's MRI already correlates with his left more than right sided symptoms. The documentation does not support the need for obtaining bilateral lower extremity EMG or NCS testing at this time. This request is not medically necessary.