

<b>Case Number:</b>	CM13-0022504		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	07/21/1992
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 48-year-old male who reported injury on July 21, 1992. The mechanism of injury was not provided. The submitted documentation, dated July 31, 2013 revealed that the injured worker had severe constant pain. The injured worker's diagnoses were included low back pain with radiculopathy bilaterally at L5-S1 and failed back syndrome. The plan included a Transforaminal Epidural Steroid injection at L5/S1 and bilateral lower extremity EMG (electromyography) and NCS (nerve conduction study).

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **AN NCV (NERVE CONDUCTION VELOCITY) EXAM OF THE RIGHT LOWER EXTREMITY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Nerve Conduction Studies (NCS) Section.

**Decision rationale:** Official Disability Guidelines do not recommend NCS (nerve conduction studies) as there is minimal justification for performing nerve conduction studies when a patient

is presumed to have symptoms on the basis of radiculopathy. There was a lack of documentation regarding the rationale for both an EMG (electromyography) and an NCV. There were no objective physical examination findings noted on the PR-2 of July 31, 2013 to support the necessity for both studies. Additionally, there was no documentation of prior studies and the official results of the studies, as the injury was reported in 1992. The request for an NCV test of the right lower extremity is not medically necessary or appropriate.

**AN EMG (ELECTROMYOGRAPHY) OF THE LEFT LOWER EXTREMITY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The Low Back Complaints Chapter of the ACOEM Practice Guidelines states that Electromyography, 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. There were no objective physical examination findings noted on the PR-2 of July 31, 2013 to support the necessity for both studies. Additionally, there was no documentation of prior studies and the official results of the studies, as the injury was reported in 1992. The request for an EMG of the left lower extremity is not medically necessary or appropriate.

**AN NCV EXAM OF THE LEFT LOWER EXTREMITY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Nerve Conduction Studies (NCS) Section

**Decision rationale:** Official Disability Guidelines do not recommend NCS as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. There was a lack of documentation regarding the rationale for both an EMG and an NCV. There were no objective physical examination findings noted on the PR-2 of July 31, 2013 to support the necessity for both studies. Additionally, there was no documentation of prior studies and the official results of the studies, as the injury was reported in 1992. The request for an NCV test of the left lower extremity is not medically necessary or appropriate.

**AN EMG (ELECTROMYOGRAPHY) OF THE RIGHT LOWER EXTREMITY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

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