

<b>Case Number:</b>	CM13-0037841		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	10/21/2012
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### 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 Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 35 year-old male who reported injury on 10/23/11 and 10/21/12. The patient's medical record is extensive and relevant medical documents reviewed include an initial Medical Report on 8/12/13 documenting the mechanism of injury being a milk crate falling and striking the patient's left wrist. Additionally, the patient reported an injury to the right wrist and low back after he picked up some milk from a standing position. Multiple records, including records from the treating provider, document the patient's subjective complaints of low back pain radiating to the feet. Objective findings have included tenderness to the low back, normal motor and sensory testing of the lower extremities. Reflexes were symmetric. Imaging studies are not documented. Diagnoses included lumbar sprain/strain with radiculitis. Reports of the thoracic and lumbar spine from 9/4/13 were reviewed. Treatment plan included EMG/NCS of the bilateral lower extremities. Non-certification for an EMG and NCS of each lower extremity was rendered on 10/07/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG FOR THE LEFT LOWER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,309.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) states that for clinically obvious radiculopathy, electromyography (EMG) is not recommended. They note that an EMG may be indicated when the neurological exam is less clear before ordering imaging studies. There is no documentation that the physical examination is unclear or that imaging studies are contemplated. In this case, the physical examination does not reveal motor or sensory abnormalities. Likewise, there is no mention that imaging studies are contemplated. Therefore, the record does not document the medical necessity for electromyography (EMG).

**NCV for Right Lower Extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**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, NERVE CONDUCTION STUDIES (NCS).

**Decision rationale:** The Medical Utilization Treatment Schedule (MTUS) does not address nerve conduction studies with low back injury. The Official Disability Guidelines (ODG) state that nerve conduction studies are: "... not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." In this case, the patient's motor and sensory examination were normal. Therefore, the record does not document the medical necessity for a nerve conduction study.

**NCV for Left Lower Extremity:** Upheld

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**Decision rationale:** The Medical Utilization Treatment Schedule (MTUS) does not address nerve conduction studies with low back injury. The Official Disability Guidelines (ODG) state that nerve conduction studies are: "... not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." In this case, the patient's motor and sensory examination were normal. Therefore, the record does not document the medical necessity for a nerve conduction study.

**EMG for Right Lower Extremity: IS NOT MEDICALLY NECESSARY AND APPROPRIATE.**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,309.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) states that for clinically obvious radiculopathy, electromyography (EMG) is not recommended. They note that an EMG may be indicated when the neurological exam is less clear before ordering imaging studies. There is no documentation that the physical examination is unclear or that imaging studies are contemplated. In this case, the physical examination does not reveal motor or sensory abnormalities. Likewise, there is no mention that imaging studies are contemplated. Therefore, the record does not document the medical necessity for electromyography (EMG).