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| <b>Case Number:</b>   | CM13-0040868 |                              |            |
| <b>Date Assigned:</b> | 12/20/2013   | <b>Date of Injury:</b>       | 05/19/2011 |
| <b>Decision Date:</b> | 02/14/2014   | <b>UR Denial Date:</b>       | 10/16/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/29/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, has a subspecialty in Preventive Medicine and is licensed to practice in California. 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 physician 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:

Male claimant sustained a work related fall injury on 5/19/11 that resulted in left hip fracture left wrist fracture, neck and low back pain. He has had a left hip replacement, right hip replacement due to arthrosis, and therapy. He was noted to also have lumbar disc bulging and pain, which was treated with epidural injections. An examination report on 8/14/13 indicated continued pain with Left 1st toe numbness, left wrist and right shoulder pain. This was repeated occurring for prior months and was treated with Vicodin and Valium. As a result of the continued pain and numbness and Electromyography (EMG) and Nerve Conduction Velocity (NCV) were ordered for bilateral lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NERVE CONDUCTION VELOCITY (NCV) Right Lower Extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines- Low Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 304,309, 180-182.

**Decision rationale:** According to the ACOEM /MTUS guidelines, NCV is not part of the treatment algorithm or recommendations for studies performed as related to lower extremity

numbness. In this case, there was known disc bulging that likely contributed to the symptoms in the lower extremities as confirmed by a prior MRI. Furthermore, the examination report did not fully describe a neurological examination that would warrant diagnostics. Rather the tests ordered were based on subjective complaints. As a result an NCV studies is not medically necessary.

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**Decision rationale:** According to the ACOEM /MTUS guidelines, NCV is not part of the treatment algorithm or recommendations for studies performed as related to lower extremity numbness. In this case, there was known disc bulging that likely contributed to the symptoms in the lower extremities as confirmed by a prior MRI. Furthermore, the examination report did not fully describe a neurological examination that would warrant diagnostics. Rather the tests ordered were based on subjective complaints. As a result an NCV studies is not medically necessary.

**Electromyography (EMG) Right Lower Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Occupational Medical Practice Guidelines (OMPG) 2nd Edition, 2004, pages 308-310.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 304,309, 180-182.

**Decision rationale:** According to the MTUS guidelines, an EMG is recommended to identify pathology or clarify nerve root dysfunction or disk protrusion. It is not recommended for clinically obvious radiculopathy. In this case, there was known disc bulging that likely contributed to the symptoms in the lower extremities as confirmed by a prior MRI. Furthermore, the examination report did not fully describe a neurological examination that would warrant diagnostics. Rather the tests ordered were based on subjective complaints. As a result an EMG studies are not medically necessary.