

<b>Case Number:</b>	CM13-0049367		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	09/03/2012
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in New York and 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 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:

The patient is a 34-year-old male who reported an injury on 09/03/2012. The injury was noted to have occurred when his left 4th digit was smashed from a pallet and he fell backwards hurting his low back. His diagnoses were noted as fracture/laceration to the left 4th finger and thoracolumbar strain. An MRI revealed a thoracic compression fracture with an anterior wedge compression deformity at T12. At his 09/03/2013 office visit, the patient reported pain in his upper and low back, bilateral knees, and bilateral ankles. His objective findings were noted as decreased range of motion of the lumbar spine, parathoracic tenderness from T7 to T12, and from L1 to S1, bilateral SI joint tenderness, and thoracic and lumbar spasm. A recommendation was made for electrodiagnostic studies of the lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCS of the lower extremities:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, EMGs (electromyography) & Nerve conduction studies (NCS)

**Decision rationale:** According to ACOEM Guidelines, electromyography may be useful to identify subtle, neurological dysfunction in patients with persistent low back symptoms. More specifically, the Official Disability Guidelines state that electromyography may be recommended to obtain unequivocal evidence of radiculopathy. The ODG state that nerve conduction studies are not recommended for patient's with radicular symptoms. The patient was noted to complain of pain in his low back with radiation into his bilateral lower extremities; however, his physical examinations have been negative for neurological deficits in his lower extremities. Additionally, the patient was noted to have had electrodiagnostic studies previously on 06/25/2013 which were noted to show no evidence of radiculopathy or neuropathy. The clinical information submitted for review failed to give an indication for repeat studies. As the patient was not noted to have clinical findings consistent with radiculopathy, and had previous electrodiagnostic testing on 06/25/2013, the request is not supported. As such, the request is non-certified.