

<b>Case Number:</b>	CM13-0064742		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/29/1998
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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 Orthopaedic Surgery, 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:

49 year old male, date of injury 4/29/98. Chief complaint of chronic low back pain for the past 15 years. Exam notes from 9/9/13 demonstrate a history of lumbar strain and herniated disc at L4-5. Exam note demonstrates no evidence of neurologic dysfunction. Request is for EMG studies for the right lower extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG) studies for the right lower extremity, as an outpatient between 11/27/2013 and 1/26/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** Electromyography (EMG), 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. It further recommends against EMG and somatosensory evoked potentials (SEPs) in Table 12-7. In this particular patient there is no indication of criteria for electrodiagnostic studies based upon physician documentation or physical examination findings.

Therefore the request of the electrodiagnostic studies is not medically necessary and appropriate and is non-certified..

**Nerve Conduction Velocity (NCV) studies for the right lower extremity, as an outpatient between 11/27/2013 and 1/26/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 178.

**Decision rationale:** Per the ACOEM Guidelines 2nd edition, page 178, Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients. As the EMG component of electrodiagnostic testing is not medically necessary, the NCV component is not medically necessary..