

<b>Case Number:</b>	CM14-0106560		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/20/2011
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 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 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 insured is a 47 year old male whose reported date of industrial injury was 11/20/2011. The patient was last seen on 5/19/2014 by the primary treating physician who documented that the patient had neck, thoracic spine and lower back pain. The patient also complained of depression, anxiety and irritability. In addition, the patient reported that he had problems with insomnia due to pain. On examination, the provider noted that the patient had limited range of motion of the spine and positive bilateral straight leg raising tests. Vital signs were normal. The listed diagnoses were headache, post traumatic chronic headache, cervical disc protrusion, cervical sprain, lumbar disc protrusion, lumbar musculoligamentous injury, disruption of sleep wake cycle, loss of sleep, hypersomnia, sprain of hand, anxiety, depression, irritability, and nervousness. The treatment and plan included EMG and NCS of bilateral lower extremities. The most recent examination by secondary treating physician was on 1/28/2014 and the doctor recognized diagnoses of lumbar sprain and cervical strain. The patient was noted to be getting aquatic therapy and medications along with work restrictions and activity modification. According to the QME of February 2014, the patient already had EMG/NCV of the lower extremities but these reports were not provided to the QME.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG) of the left lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, EMGs (electromyography)

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

**Decision rationale:** The documentation provided suggests that the patient already had an NCV/EMG of the lower extremities. Further, the provider documentation in the prior six months was reviewed and did not present evidence of sensory, motor and reflex symptoms and signs. The only documented findings were bilateral positive straight leg raising tests. However, the specificity of the SLRT alone is very low (on the order of 29%) and there is considerable inter-individual variability. Therefore, additional evidence in the form of sensory, motor and reflex phenomena is required to suspect radicular injury. Nerve conduction studies are only necessary typically in peripheral nerve disorders. Both NCV and EMG are required for differentiating demyelinating from axonal injury or in difficult cases with EMG or NCV alone. Therefore, this request is not medically necessary.

**Nerve Conduction Velocity (NCV) of the left lower extremity:** Upheld

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

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

**Decision rationale:** The documentation provided suggests that the patient already had an NCV/EMG of the lower extremities. Further, the provider documentation in the prior six months was reviewed and did not present evidence of sensory, motor and reflex symptoms and signs. The only documented findings were bilateral positive straight leg raising tests. However, the specificity of the SLRT alone is very low (on the order of 29%) and there is considerable inter-individual variability. Therefore, additional evidence in the form of sensory, motor and reflex phenomena is required to suspect radicular injury. Nerve conduction studies are only necessary typically in peripheral nerve disorders. Both NCV and EMG are required for differentiating demyelinating from axonal injury or in difficult cases with EMG or NCV alone. Therefore, this request is not medically necessary.

**Nerve Conduction Velocity (NCV) of the right lower extremity:** Upheld

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

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

**Decision rationale:** The documentation provided suggests that the patient already had an NCV/EMG of the lower extremities. Further, the provider documentation in the prior six months was reviewed and did not present evidence of sensory, motor and reflex symptoms and signs. The only documented findings were bilateral positive straight leg raising tests. However, the specificity of the SLRT alone is very low (on the order of 29%) and there is considerable inter-individual variability. Therefore, additional evidence in the form of sensory, motor and reflex phenomena is required to suspect radicular injury. Nerve conduction studies are only necessary typically in peripheral nerve disorders. Both NCV and EMG are required for differentiating demyelinating from axonal injury or in difficult cases with EMG or NCV alone. Therefore, this request is not medically necessary.

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