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| <b>Case Number:</b>   | CM14-0109012 |                              |            |
| <b>Date Assigned:</b> | 08/01/2014   | <b>Date of Injury:</b>       | 05/29/2012 |
| <b>Decision Date:</b> | 08/29/2014   | <b>UR Denial Date:</b>       | 06/24/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/14/2014 |

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 47-year-old male was reportedly injured on May 29, 2012. The mechanism of injury is noted as a fall off a ladder. The most recent progress note, dated May 2, 2014, indicates that there are ongoing complaints of thoracic and lumbar spine pain radiating to the right lower extremity. Current medications include Ambien and Norco. The physical examination demonstrated tenderness and decreased motion of the lumbar spine. There was a normal upper and lower extremity neurological examination. Diagnostic imaging studies of the thoracic spine revealed minimal paraspinous edema at the T7-T8 level. Previous treatment was not discussed. A request had been made for EMG and NCV studies of the bilateral upper extremities and was not certified in the pre-authorization process on June 24, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG) Bilateral Upper Extremities:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**Decision rationale:** The ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a CT or MRI is equivocal and there are ongoing lower extremity symptoms. Given the lack of documentation of a neurological exam, or mention of signs and symptoms consistent with a radiculopathy and/or peripheral neuropathy, this request for EMG studies of the bilateral upper extremities is not medically necessary.

**Nerve Conduction Velocity (NCV) Bilateral Upper Extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**Decision rationale:** The ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a CT or MRI is equivocal and there are ongoing lower extremity symptoms. Given the lack of documentation of a neurological exam or mention of signs and symptoms consistent with a radiculopathy and/or peripheral neuropathy, this request for NCV studies of the bilateral upper extremities is not medically necessary.