

<b>Case Number:</b>	CM14-0015730		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	11/14/2005
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 & Rehabilitation, and is licensed to practice in Illinois. 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 claimant is a 55-year-old male who reported an injury on 04/16/2004. The mechanism of injury was not provided. The diagnoses included reflex sympathetic dystrophy of the limb, disturbance of skin sensation, and brachial neuritis or radiculitis. Per the 03/06/2014 progress report, the patient reported radiating low back pain. He reported his pain with medication was rated 5-6/10 and 8-9/10 without medications. Examination of the lumbar spine noted mild tenderness to palpation of the right L5 area. The patient demonstrated a mildly positive straight leg raise on the right at 45 degrees. The patient had 2+ bilateral patellar deep tendon reflexes. The rationale for the current request is not provided. The Request for Authorization was not present in the medical record.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ELECTROMYOGRAPHY (EMG) OF BILATERAL 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).

**Decision rationale:** The request for electromyography (EMG) of bilateral lower extremities is non-certified. ACOEM states that electromyography, including H-reflex tests, may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. The Official Disability Guidelines further state, EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1 month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. There is a lack of physical examination findings regarding the lower extremities to evaluate for neurologic dysfunction. There is also no indication that the injured worker has failed a period of conservative care. The medical necessity for an EMG of the bilateral lower extremities was not established. As such, the request is non-certified.

**NERVE CONDUCTION VELOCITY (NCV) OF BILATERAL LOWER EXTREMITIES:**  
Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Nerve conduction studies (NCS).

**Decision rationale:** The Official Disability Guidelines (ODG) do not recommend nerve conduction studies for low back conditions. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The use of nerve conduction studies for the lower extremities is not supported by guidelines. As such, the request for Nerve Conduction Velocity (NCV) of the bilateral lower extremities is not medically necessary and appropriate.