

<b>Case Number:</b>	CM14-0015864		
<b>Date Assigned:</b>	03/05/2014	<b>Date of Injury:</b>	12/06/2012
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	01/13/2014
<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 and 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 injured worker is a 25-year-old female who reported an injury on 12/05/2012. The mechanism of injury was when the injured worker was hit by a car. The diagnoses were not provided for clinical review. The previous treatments were not provided for clinical review. Within the clinical documentation submitted it was reported the injured worker complained of constant headaches, neck pain and mid and lower back pain. The injured worker complained of sharp pain in the forearm, numbness in the hands and fingers. The injured worker complained of pain in the right thigh with numbness in the feet and pain in the shins. A physical examination was not provided for clinical review. The request submitted is for an EMG of the left lower extremity, NCV of the right lower extremity, NCV of the left lower extremity, and EMG of the right lower extremity. However, a rationale was not provided for clinical review. The Request for Authorization was not submitted for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG (electromyogram) of left lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The request for an EMG of the left lower extremity is not medically necessary. The California MTUS/ACOEM Guidelines note EMG studies are useful to assist with identification of neurological dysfunction in patients with low back symptoms when examination findings are unclear. The guidelines recommend the documentation of failure of conservative care to alleviate symptoms. Electromyography including H reflex test may be useful to identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. There is lack of significant neurological deficits such as decreased sensation and motor strength in a specific dermatomal or myotomal distribution. There is lack of documentation indicating the injured worker had tried and failed on conservative treatment. The clinical documentation did not provide a physical examination for review. Therefore, the request is not medically necessary.

**NCV (nerve conduction velocity) of right lower extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back (updated 12/27/13), Nerve conduction studies (NCS).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back, Nerve.

**Decision rationale:** The request for an NCV of the right lower extremity is not medically necessary. The Official Disability Guidelines do not recommend nerve conduction studies as there is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. There is lack of significant documentation of neurological deficits such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. The clinical documentation submitted did not indicate the injured worker tried and failed on conservative therapy. Additionally, the provider failed to document an adequate and complete physical examination. Therefore, the request is not medically necessary.

**NCV (nerve conduction velocity) of left lower extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back (updated 12/27/13), Nerve conduction studies (NCS).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back, Nerve.

**Decision rationale:** The request for an NCV of the left lower extremity is not medically necessary. The Official Disability Guidelines do not recommend nerve conduction studies as there is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. There is lack of significant documentation of neurological deficits such as decreased sensation or motor strength in a

specific dermatomal or myotomal distribution. The clinical documentation submitted did not indicate the injured worker tried and failed on conservative therapy. Additionally, the provider failed to document an adequate and complete physical examination. Therefore, the request is not medically necessary.

**EMG (electromyogram) of right lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The request for an EMG of the right lower extremity is not medically necessary. The California MTUS/ACOEM Guidelines note EMG studies are useful to assist with identification of neurological dysfunction in patients with low back symptoms when examination findings are unclear. The guidelines recommend the documentation of failure of conservative care to alleviate symptoms. Electromyography including H reflex test may be useful to identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. There is lack of significant neurological deficits such as decreased sensation and motor strength in a specific dermatomal or myotomal distribution. There is lack of documentation indicating the injured worker had tried and failed on conservative treatment. The clinical documentation did not provide a physical examination for review. Therefore, the request is not medically necessary.