

<b>Case Number:</b>	CM14-0116128		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	06/17/2014
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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 Texas. 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 51-year old male who sustained an injury on 06/17/14 due to cumulative trauma to the neck and spine. The injured worker was initially seen on 06/30/14 reporting complaints of neck pain radiating to the upper extremities and low back pain radiating to the lower extremities. On physical examination range of motion was decreased in the cervical spine. Foraminal compression signs and Jackson testing was positive. The injured worker was recommended for chiropractic therapy at this visit. Follow up on 07/03/14 noted continuing complaints of neck pain and back pain radiating to the left upper extremity and left lower extremity. The injured worker reported no improvement with anti-inflammatories or exercises. On physical examination the injured worker had tenderness to palpation in the midline at T12. Straight leg raise testing was negative. There was no evidence of any neurological deficit on physical examination. Radiographs of the cervical spine from 07/03/14 noted mild degenerative disc disease in the cervical spine. No fractures or acute trauma was noted. The requested EMG/NCS studies for the lower extremities were non-certified by utilization review on 07/15/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG) of the Lower Extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: EMGs.

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

**Decision rationale:** The requested Electrodiagnostic studies including electromyography (EMG) and nerve conduction study (NCS) of the lower extremities was not recommended as medically necessary based on the clinical documentation submitted for review and current evidence based guidelines. The clinical documentation submitted for review did not identify any clear evidence of neurological deficit that would require further diagnostic testing to confirm whether there was presence of radiculopathy versus peripheral neuropathy. Physical examination findings were primarily myofascial in nature. Given the absence of any clear objective findings for neurological deficit this reviewer would not have recommended for this request as medically. Therefore, Electromyography (EMG) of the Lower Extremities is not medically necessary.

**Nerve Conduction Studies (NCS) of the Lower Extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: NCS.

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

**Decision rationale:** The requested Electrodiagnostic studies including electromyography (EMG) and nerve conduction study (NCS) of the lower extremities was not recommended as medically necessary based on the clinical documentation submitted for review and current evidence based guidelines. The clinical documentation submitted for review did not identify any clear evidence of neurological deficit that would require further diagnostic testing to confirm whether there was presence of radiculopathy versus peripheral neuropathy. Physical examination findings were primarily myofascial in nature. Given the absence of any clear objective findings for neurological deficit this reviewer would not have recommended this request as medically, therefore, Nerve Conduction Studies (NCS) of the Lower Extremities is not medically necessary.