

<b>Case Number:</b>	CM14-0129946		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	04/20/2010
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 Family 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:

This is a 40 year old female with a 4/20/2010 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 7/2/14 noted subjective complaints of sharp, constant low back pain radiating to bilateral legs. Objective findings included lumbar tenderness to palpation in the paraspinals, positive straight leg raise and Kemp's bilaterally. Diagnostic Impression: lumbar sprain/strain. Treatment to Date: medication management, aquatic therapy. A UR decision dated 7/25/14 denied the request for electromyography (EMG)/ Nerve Conduction Velocity Studies (NCV) bilateral lower extremities. The documentation fails to provide details regarding the patient's conservative treatment of the low back to date. She was not shown to have any significant findings consistent with radiculopathy on physical exam.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV 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 (ODG), Treatment Index, 11th edition (web), 2013, Low Back , Nerve Conduction Studies (NCS)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter EMG/NCV

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, Official Disability Guidelines (ODG) states that 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. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. However, in the documents provided for review, there is no documentation of any objective exam findings concerning for radiculopathy. Additionally, there is no documentation of failure of aggressive course of conservative therapy such as physical therapy. Therefore, the request for NCV right lower extremity was not medically necessary.

**EMG left lower extremity:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter EMG/NCV

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, Official Disability Guidelines (ODG) states that electromyography (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. Furthermore, nerve conduction velocity studies (NCS) are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. However, in the documents provided for review, there is no documentation of any objective exam findings concerning for radiculopathy. Additionally, there is no documentation of failure of aggressive course of conservative therapy such as physical therapy. Therefore, the request for EMG left lower extremity was not medically necessary.

**NCV 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 (ODG), Treatment Index, 11th edition (web), 2013, Low Back , Nerve Conduction Studies (NCS)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter EMG/NCV

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, Official Disability Guidelines (ODG) states that 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. Furthermore, nerve conduction studies (NCS) are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. However, in the documents provided for review, there is no documentation of any objective exam findings concerning for radiculopathy. Additionally, there is no documentation of failure of aggressive course of conservative therapy such as physical therapy. Therefore, the request for nerve conduction velocity (NCV) left lower extremity was not medically necessary.

**EMG right lower extremity:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG) low back chapter EMG/NCV

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states that 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. Furthermore, Nerve Conduction Velocity (NCS) are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. However, in the documents provided for review, there is no documentation of any objective exam findings concerning for radiculopathy. Additionally, there is no documentation of failure of aggressive course of conservative therapy such as physical therapy. Therefore, the request for EMG right lower extremity was not medically necessary.