

<b>Case Number:</b>	CM14-0130269		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	05/13/2014
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 62-year-old individual was reportedly injured on May 13, 2014. The mechanism of injury was noted as a gradual onset of lower extremity symptomatology. The most recent progress note, dated May 15, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated a 5'5", 165 pound individual who was borderline hypertensive (138/81). A normal gait pattern was reported. There was no lower extremity weakness identified, and there were no sensory losses reported. There were no muscle spasms identified in the lumbar musculature. Sacroiliac joint testing was also noted to be negative. Deep tendon reflexes were reported to be 2/4. Diagnostic imaging studies were not presented for review. Previous treatment included multiple medications and physical therapy. A request had been made for electrodiagnostic studies (NCV and EMG) of the left lower extremity and was not certified in the pre-authorization process on July 17, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG , left lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 303, 309.

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

**Decision rationale:** ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurological dysfunction in patients where a CT or MRI is equivocal and there are ongoing lower extremity symptoms. The claimant has no signs or symptoms consistent with a radiculopathy. Furthermore, there is no MRI documentation of a disc lesion. Therefore, electrodiagnostic studies would not change the current treatment recommendations and is not considered medically necessary.

**NCV left lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 303,309.

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

**Decision rationale:** ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurological dysfunction in patients where a CT or MRI is equivocal and there are ongoing lower extremity symptoms. The claimant has no signs or symptoms consistent with a radiculopathy. Furthermore, there is no MRI documentation of a disc lesion. Therefore, electrodiagnostic studies would not change the current treatment recommendations and is not considered medically necessary.