

<b>Case Number:</b>	CM14-0155975		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	05/06/2013
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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, has a subspecialty in Pain Management 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 patient with a date of injury of 5/6/13. A utilization review determination dated 8/27/14 recommends non-certification of acupuncture, MRI of the thoracic and lumbar spine, and EMG/NCV (Electromyography / Nerve Conduction Velocity) of the bilateral lower extremities. It referenced an 8/11/14 medical report identifies lumbar and thoracic spine pain 5/10. On exam, there is tenderness, decreased ROM (Range of Motion), and spasm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography and Nerve Conduction study of bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

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

**Decision rationale:** CA MTUS and ACOEM state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions and there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation

available for review, there is no current documentation suggestive of focal neurologic dysfunction consistent with radiculopathy and/or peripheral neuropathy, and no other clear rationale for electrodiagnostic testing has been presented. In the absence of such documentation, but currently requested Electromyography and Nerve Conduction study of bilateral lower extremities are not medically necessary and appropriate.