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| **Case Number:** | CM14-0170733 | | |
| **Date Assigned:** | 10/23/2014 | **Date of Injury:** | 08/23/2014 |
| **Decision Date:** | 12/17/2014 | **UR Denial Date:** | 10/09/2014 |
| **Priority:** | Standard | **Application Received:** | 10/15/2014 |

## 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, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 08/23/14, when while working as a fitness instructor, she was on a fitness ball which ruptured. She sustained injuries to her neck, arms, wrists, low back, and right lower extremity. She was seen by the requesting provider on 09/12/14. She was having radiating neck and low back pain, right ankle and foot pain, bilateral wrist pain, and was having headaches. Low back pain was radiating into her legs. Medications were providing pain relief. Physical examination findings included ambulating with a cane. There was lumbar paraspinal muscle and lumbosacral junction tenderness. There was decreased lumbar spine range of motion. There was decreased right lower extremity and decreased right lower extremity sensation and decreased bilateral lower extremity strength. Medications were prescribed. Authorization for physical therapy and acupuncture treatments, a TENS unit, a hot/cold unit, multiple diagnostic imaging studies, and EMG/NCS testing of the upper and lower extremities was requested. The claimant was evaluated for physical therapy on 10/15/14. She was having aching pain in her cervical and lumbar spine and feet rated at 4/10. There was normal lower extremity strength and sensation with negative straight leg raising.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography and nerve conduction velocity studies of the right lower extremity:**
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Low Back-Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography) (2) Low Back-Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS)

**Decision rationale:** The claimant is status post work-related injury occurring in August 2014 and was seen by the requesting provider less than one month after injury. Electromyography is recommended as an option and may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, In this case, when requested, the claimant has not undergone a course of conservative care. When evaluated for physical therapy in October 2014, there was normal lower extremity strength and sensation with negative straight leg raising.Nerve conduction studies (NCS) for lumbar radiculopathy are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of lumbar radiculopathy. Therefore the requested right lower extremity electromyography and nerve conduction velocity studies were not medically necessary.