

<b>Case Number:</b>	CM14-0172032		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	10/04/2010
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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 Emergency 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:

Patient with reported date of injury on 4/10/2010. No mechanism of injury was noted anywhere on progress notes by the provider. Patient has a diagnosis of lumbar sprain/strain and R wrist strain. Last medical reports dated 9/8/14 reviewed. Patient complains of R wrist and low back pain. Pain is 7-8/10. Pain worsens with prolonged standing. Associated with numbness and tingling to L leg especially thigh. Objective exam, patient ambulates with a splint to R foot (Not related to work injury, prior note mentions surgery was done). R wrist exam with tenderness and "restricted" range of motion. Lumbar exam with tenderness to L paravertebral musculature and associated muscle spasms. Decreased sensation throughout L lower extremity. Progress note states that R wrist had an MRI on 4/20/12 that revealed a scapholunate ligament tear and MRI of lumbar spine on 8/3/11 that revealed minor disc bulges and minor neuroforaminal stenosis from L4-5 to L5-S1. The actual reports were not provided for review. Report notes that patient has only completed a single chiropractic session. There is no documented physical therapy and no documented of any medication. The EMG/NCV was requested to "verify radicular complaints." Independent Medical Review is for EMG/NCV of bilateral lower extremities. Prior UR on 9/17/14 recommended non-certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV BLE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 309;377.

**Decision rationale:** EMG(Electromyelography) and NCV(Nerve Conduction Velocity) studies are 2 different studies that are testing for different pathology. As per ACOEM Guidelines, EMG may be useful in detecting nerve nerve root dysfunction. There is no documentation of any radiculopathy or nerve root dysfunction on the lower limb to support EMG use. There is only vague complaints of whole limb numbness that is not dermatomal in distribution. There is no motor deficit. Patient has yet to complete or even attempt conservative therapy. EMG is not medically necessary. As per ACOEM guidelines, Nerve Conduction Velocity studies are contraindicated in virtually all knee and leg pathology unless there signs of tarsal tunnel syndrome or any nerve entrapment neuropathies. There are no such problems documented. NCV is not medically necessary. Both tests are not medically necessary. NCV/EMG of bilateral lower extremity is not medically necessary.