

<b>Case Number:</b>	CM14-0038447		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	10/18/2013
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Occupational Medicine and is licensed to practice 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 23-year-old female patient with a 10/18/13 date of injury. She injured herself while carrying a cooler for a distance of two miles. A progress report dated on 2/18/14 indicated that the patient complained of pain in her bilateral shoulder, neck, and lower back. Her lower back pain she was rated 5/10 on VAS scale. The patient indicated that medication and rest helped her with pain. Objective findings of the mid back and lower back revealed tenderness in the parathoracic region with full range of motion. Straight leg test was negative. EMG dated on 4/11/14 concluded that EMG and NCV demonstrated radicular lumbago with no evidence of radiculopathy. She was diagnosed with Cervical, thoracic, and lumbar spine strain and Bilateral shoulder pain. Treatment to date: medication management, physical therapy, TENS unit. There is documentation of a previous 3/10/14 adverse determination, based on the fact that there was no objective documentation of injury that needed an EMG and NCV.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG Bilateral Lower Extremities:** 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 Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Low Back Chapter EMG/NCV).

**Decision rationale:** CA 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, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. However, the patient is not clearly documented to have radicular pain. There are no objective findings of radiculopathy. It is unclear why an EMG is being requested for this patient. Therefore, the request for EMG Bilateral Lower Extremities was not medically necessary.

**NCS(Nerve Conduction Studies) of Bilateral Lower Extremities:** 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 Page(s): 303.

**Decision rationale:** CA 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, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. However, there is no clear description of neuropathic pain on subjective or objective examination. It is unclear why a NCV is being requested for this patient. Therefore, the request for NCV Bilateral Lower Extremities was not medically necessary.