

<b>Case Number:</b>	CM14-0046279		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	03/09/2009
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 3/9/09. A utilization review determination dated 3/18/14 recommends non-certification of electromyogram (EMG) and nerve conduction velocity (NCV) of bilateral lower extremities BLE. Lumbar MRI was certified. It referenced a 2/26/14 medical report identifying low back pain radiating to both legs, pain in both ankles, and pain and weakness in both wrists. The injured worker's back pain radiating into the bottom of the feet with numbness, tingling, burning, and weakness. On exam, there was low back tenderness, limited range of motion (ROM), lower extremity (LE) weakness in various muscles, straight leg raising (SLR) 70 degrees bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV of Bilateral LE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

**Decision rationale:** Regarding the request for EMG/NCV of bilateral LE, CA MTUS and ACOEM state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to 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. They go on to state that 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 are no physical examination findings supporting a diagnosis of specific nerve compromise, as the pain and weakness affect multiple dermatomes/myotomes. Furthermore, there is a pending MRI of the lumbar spine, the results of which could obviate the need for additional testing with EMG. Additionally, there are no symptoms/findings suggestive of peripheral for which an NCV would be supported. In light of the above issues, the currently requested EMG/NCV of bilateral LE is not medically necessary.