

<b>Case Number:</b>	CM14-0059058		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	07/17/2012
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 & Rehabilitation and is licensed to practice in California and Washington. 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 injured worker is a 28-year-old female who reported an injury on 07/19/2012 due to a slip and fall. The injured worker's diagnosis was probable lumbar facet syndrome. The prior treatment was physical therapy. The injured worker had an MRI dated 10/18/2012 of the T-spine and L-spine that revealed Impairment of the thoracic spine. No past documentation for surgical history was submitted for review. The injured worker was complaining of pain to her neck, right middle finger, and flare-up in her lumbar spine with radiating back pain. On physical examination dated 03/06/2014, there was tenderness over the lower lumbar spine, midline, bilateral sacroiliac joint, paraspinal musculature with guarding, range of motion is at 80% and there was tenderness over the bilateral musculature trapezius shoulder depression range of motion is at 90%, tenderness over the right middle finger. The provider's treatment plan was to request physical therapy to the lumbar spine, will request an updated MRI of the lumbar spine. The requested treatment plan was for nerve conduction velocity of the right lower extremity, nerve conduction velocity of the left lower extremity, and an electromyogram of the left lower extremity. The rationale for the request was not provided with documentation. The request for authorization form was not provided with documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV of the Right Lower Extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 03/18/14) Nerve conduction studies (NCS).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Nerve conduction studies.

**Decision rationale:** The request for NCV of the Right Lower Extremity is non-certified. According to the Official Disability Guidelines, nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This systematic review and unless demonstrates that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. There was lack of documentation to any functional deficits objectively or subjectively notated in the most current clinical. There is also lack of documentation as to conservative care program being initiated. In the absence of documentation on neurological deficits, functional deficits, and conservative care the request is not supported by guidelines. As such, the request for NCV of the Right Lower Extremity is not medically necessary.

**NCV of the Left Lower Extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 03/18/14) Nerve conduction studies (NCS).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Bac, Nerve conduction studies.

**Decision rationale:** The request for nerve conduction velocity of the left lower extremity is non-certified. According to the Official Disability Guidelines, nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This systematic review and unless demonstrates that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. There was lack of documentation to any functional deficits objectively or subjectively notated in the most current clinical. There is also lack of documentation as to conservative care program being initiated. In the absence of documentation on neurological deficits, functional deficits, and conservative care, the request for nerve conduction velocity of the left lower extremity is not medically necessary.

**EMG of the Left Lower Extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (updated 03/18/14) EMGs (electromyography).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 303-305.

**Decision rationale:** The request for EMG of the Left Lower Extremity is non-certified. According to the California MTUS/ACOEM Guidelines, electromyography may be used to identify subtle, focal, neurological dysfunctions in patients with low back symptoms lasting more than 3 or 4 weeks despite conservative treatment. Documentation that was submitted for review does not contain subjective or objective information as to any neurological dysfunctions in the patient or any conservative treatment initially attempted. The clinical information provided failed to reveal evidence of possible radiculopathy to support performing the requested EMG. In the absence of documentation of neurologic dysfunction or conservative care attempted, the request for EMG of the Left Lower Extremity is not medically necessary.