

<b>Case Number:</b>	CM14-0090578		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	01/03/2011
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 Internal Medicine and is licensed to practice in Arizona. 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 54 year old man with a date of injury 1/3/11 with resulting chronic back pain with radiation to the right hip. He is status post lumbar surgery of uncertain date or type. He was seen by the primary treating physician on 4/23/14. He continues to complain of back pain with weakness and radiating numbness and pain to the lower right hip. The exam shows tenderness to palpation with spasms at the lumbar spine with sensory deficits noted on bilateral thighs and lower extremities internal derangement. A limp is also noted on the right leg. The diagnosis includes lumbosacral degenerative disc disease. The treatment plan included an MRI of the lumbosacral spine, physical therapy and EMG/NCV studies of bilateral lower extremities. Under consideration is the medical necessity of the EMG/NCV studies for bilateral lower extremities that was denied during utilization review dated 5/29/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nerve Conduction Velocity of lower left extremity:** 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): 305-310.

**Decision rationale:** Nerve conduction study (NCS) techniques permit stimulation and recording of electrical activity from individual peripheral nerves with sufficient accuracy, reproducibility, and standardization to determine normal values, characterize abnormal findings, and correlate neurophysiologic-pathologic features. These clinical studies are used to diagnose focal and generalized disorders of peripheral nerves, aid in the differentiation of primary nerve and muscle disorders (although NCS itself evaluates nerve and not muscle), classify peripheral nerve conduction abnormalities due to axonal degeneration, demyelination, and conduction block and prognosticate regarding clinical course and efficacy of treatment. NCS should not be performed or interpreted as an isolated diagnostic study. Instead, it should be performed and interpreted at the same time as an EMG. In this case the EMG is determined to be not medically necessary and therefore the NCS is not medically necessary, per MTUS guidelines.

**Nerve Conduction Velocity of lower right extremity:** 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): 305-310.

**Decision rationale:** Nerve conduction study (NCS) techniques permit stimulation and recording of electrical activity from individual peripheral nerves with sufficient accuracy, reproducibility, and standardization to determine normal values, characterize abnormal findings, and correlate neurophysiologic-pathologic features. These clinical studies are used to diagnose focal and generalized disorders of peripheral nerves, aid in the differentiation of primary nerve and muscle disorders (although NCS itself evaluates nerve and not muscle), classify peripheral nerve conduction abnormalities due to axonal degeneration, demyelination, and conduction block and prognosticate regarding clinical course and efficacy of treatment. NCS should not be performed or interpreted as an isolated diagnostic study. Instead, it should be performed and interpreted at the same time as an EMG. In this case the EMG is determined to be not medically necessary and therefore the NCS is not medically necessary, per MTUS guidelines.

**Electromyography of lower left extremity:** 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): 309.

**Decision rationale:** According to the ACOEM chapter on low back pain EMG for clinically obvious radiculopathy is not recommended. If there is no improvement in symptoms after one month consider: Bone scan, needle EMG and H-reflex tests to clarify nerve root dysfunction. In this case, the physical exam supports a clinically obvious radiculopathy and therefore the EMG is not medically necessary.

**Electromyography of lower right extremity:** 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): 309.

**Decision rationale:** According to the ACOEM chapter on low back pain EMG for clinically obvious radiculopathy is not recommended. If there is no improvement in symptoms after one month consider: Bone scan, needle EMG and H-reflex tests to clarify nerve root dysfunction. In this case the physical exam supports a clinically obvious radiculopathy and therefore the EMG is not medically necessary.