

<b>Case Number:</b>	CM14-0189409		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	01/20/2014
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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 Occupational Medicine, has a subspecialty in ENTER SUBSPECIALTY 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 38-year-old male with a 1/20/14 date of injury. The injury occurred when the forklift he was driving hit a warehouse vertical steel pole. According to a progress report dated 11/4/14, the patient complained of lower back pain with left neck pain. He had pain on range of motion of his lower back as well as the neck. There was no pain radiating to his arms or to his lower extremities. He has had therapy, which has not helped his lower back or his neck. He denied any numbness in his lower extremities. Objective findings: normal cervical spine range of motion, neurovascularly intact L1 through S1, motor and sensory are all intact and equal, 5/5. Diagnostic impression: lower back strain, cervical spine strain. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 10/22/14 denied the request for bilateral lower extremities EMG/NCV. There was no imaging study provided for this review. There was not any radicular pain or physical exam findings of radiculopathy related to left lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV of the bilateral lower extremities:** Upheld

**Claims Administrator 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 Procedure Summary, Nerve conduction studies

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines Low Back Complaints. 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, in the present case, according to the most recent medical record provided for review, the neurologic exam was normal: motor and sensory testing were all normal. There was no documentation of bilateral lower extremity neurological issues. In fact, it is noted that there was no pain radiating to his arms or to his lower extremities and he denied any numbness in his lower extremities. It is unclear why an electrodiagnostic study would not be indicated at this time. Therefore, the request for EMG/NCV of the bilateral lower extremities was not medically necessary.