

<b>Case Number:</b>	CM14-0190513		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	06/16/2005
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

2/21/14 note reports pain in the back. Examination notes reflexes 2 + bilateral and symmetric. Sensation testing notes left lower extremity hypersensitivity. There was no motor deficit. 6/9/14 note reports nerve conduction study of the right upper and left lower extremity. Report noted normal findings. 7/25/14 note reports pain in the back. There was lumbosacral sprain/strain with reported herniated disc at L4-5 and L5-S1. There was positive straight leg raise. With decreased range of motion.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines and ODG

**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, EMG

**Decision rationale:** ODG guidelines support EMG is recommended (needle, not surface) as an option in selected cases. The American Association of Electrodiagnostic Medicine conducted a review on electrodiagnosis in relation to cervical radiculopathy and concluded that the test was moderately sensitive (50%-71%) and highly specific (65%-85%). (AAEM, 1999) EMG findings

may not be predictive of surgical outcome in cervical surgery, and patients may still benefit from surgery even in the absence of EMG findings of nerve root impingement. This is in stark contrast to the lumbar spine where EMG findings have been shown to be highly correlative with symptoms. The medical records provided for review do not document the presence of abnormal objective neurologic findings such as weakness, sensory loss, reflex change or findings of myelopathy on exam in support of EMG being performed. Therefore, EMG/NCV of the bilateral lower extremities is not medically necessary.