

<b>Case Number:</b>	CM14-0199769		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	11/08/2011
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Emergency Medicine 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:

Patient with reported date of injury on 11/8/2011. Mechanism of injury is claimed as being struck by an industrial vehicle. Patient is post Left rotator cuff repair on 3/12 and repeat surgery on 9/12. Patient also has known cervical, thoracic and lumbar degenerative disc disease and facet arthropathy. No diagnostic list was provided. Medical reports provided were reviewed. Only medical information provided for review is from Utilization Review report dated 11/11/14. In the UR, it quotes progress notes dated 10/6/14. Patient complains of pain. Pain is mostly to legs, arms and upper back. Objective exam mostly involved arm exam. Exam of legs were normal with no noted deficits or neurological findings. Straight leg raise was "positive". No rationale was documented as to why EMG/NCV of bilateral lower extremities was requested on chronic low back pain with no new deficits. An electrodiagnostic report of bilateral lower extremities dated 11/18/14 was submitted. This test is dated after denial of request for service by UR. Since the original request for service was dated 11/10/14, this independent medical review will not consider the results of the electrodiagnostic report. Decision for approval of the test will be based solely on documentation and criteria prior to testing since prospective information does not retrospectively change the criteria for approval as per MTUS guidelines. Prior electrodiagnostic testing of upper extremities were reportedly normal by the date of the exam and the official report was not provided. Only medication documented is Norco. Patient has completed physical therapy. Independent Medical Review is for EMG/NCV of bilateral lower extremities. Prior UR on 11/11/14 recommended non-certification.

### 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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 309, 377.

**Decision rationale:** EMG (Electromyography) and NCV (Nerve Conduction Velocity) studies are 2 different studies that are testing for different pathology. As per ACOEM Guidelines, EMG may be useful in detecting nerve root dysfunction. There is no documentation of any radiculopathy or nerve root dysfunction on the lower limb to support EMG use. There are no neurological deficits documented. There is no motor deficit. There is no evidence based rationale or any justification noted by the requesting provider. EMG is not medically necessary. As per ACOEM guidelines, Nerve Conduction Velocity studies are contraindicated in virtually all knee and leg pathology unless there signs of tarsal tunnel syndrome or any nerve entrapment neuropathies. There are no such problems documented. NCV is not medically necessary. Both tests are not medically necessary. NCV/EMG of bilateral lower extremity is not medically necessary.