

<b>Case Number:</b>	CM14-0024104		
<b>Date Assigned:</b>	05/12/2014	<b>Date of Injury:</b>	09/08/2013
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: New York  
Certification(s)/Specialty: Anesthesiology

### 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 56-year-old female reported a work-related injury on 09/08/2013. According to the First Report of Occupational Injury or Illness dated 1/7/14, the injured worker (IW) reports pain in the cervical spine, lumbosacral spine and right and left shoulders. The IW was diagnosed with carpal tunnel syndrome and displacement of lumbar intervertebral disc without myelopathy. Previous treatments include surgical intervention. The Utilization Review (UR) on 01/27/2014 non-certified the requested services/treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG 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 ODG Low Back (updated 12/27/13) EMGs (electromyography).

**MAXIMUS 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) EMG, NCS.

**Decision rationale:** According to the ODG, EMG (Electromyography) and nerve conduction studies (NCS) are an extension of the physical examination. They can be useful in aiding in the diagnosis of peripheral nerve and muscle problems. This can include neuropathies, entrapment neuropathies, radiculopathies, and muscle disorders. An EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month of conservative therapy, but EMG's are not necessary if the radiculopathy is already clinically obvious. In this case, there is an inadequate diagnosis to justify performing the EMG of the left lower extremity. The reason for the requested EMG was not documented in the records. Medical necessity for the requested EMG has not been established. The requested study is not medically necessary.

**NCV Right Lower Extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 12/27/13) Nerve conduction studies (NCS).

**MAXIMUS 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) EMG, NCV.

**Decision rationale:** According to the ODG, EMG (Electromyography) and nerve conduction studies (NCS) are an extension of the physical examination. They can be useful in aiding in the diagnosis of peripheral nerve and muscle problems. This can include neuropathies, entrapment neuropathies, radiculopathies, and muscle disorders. An EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month of conservative therapy, but EMG's are not necessary if the radiculopathy is already clinically obvious. In this case, there is an inadequate diagnosis to justify performing the EMG of the right lower extremity. During the physical examination, there were no findings of neurological deficits or any documentation indicating that the injured worker had failed conservative care treatments. The reason for the requested EMG was not documented in the records. Medical necessity for the requested NCV of the right lower extremity has not been established. Medical necessity for the requested NCV has not been established. The requested study is not medically necessary.

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