

<b>Case Number:</b>	CM15-0108483		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	11/27/2007
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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: California  
Certification(s)/Specialty: Emergency Medicine

### 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 female, who sustained an industrial injury on 11/27/07. The injured worker was diagnosed as having lumbago, cervicgia status post-surgery, carpal tunnel syndrome, and internal derangement of the knee. Treatment to date has included C3-6 hybrid reconstruction on 7/13/12, TENS, a vitamin B-12 injection, and medication. A physician's report dated 4/28/15 noted the injured worker complains of pain in the cervical spine with radiation to the upper extremities along with low back pain radiating to lower extremities rated at 8/10. "BUE/BLE remains unchanged." Headaches and tension between the shoulder blades were also noted. Lumbar exam revealed tenderness and decreased range of motion. There is noted L5-S1 decreased sensation and 4/5 strength in EHL and ankle flexors, however it is not noted if these findings is unilateral of bilateral. MRI of lumbar spine dated 10/6/14 revealed multilevel disc bulge from 2mm from L1-L4 with most prominent at L4-5 and L5-S1 along with facet arthropathy and osteophytes in multiple levels. Not a single medication that patient is currently taking was documented or provided for review by the treating provider. The treating physician requested authorization for electromyography/nerve conduction studies for the right lower extremity. There is no rationale for request except to randomly quote the Official Disability Guidelines and claim that it supports the necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography / nerve conduction studies for right lower extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, 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 and 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 subtle nerve root dysfunction. Patient has chronic unchanged findings for at least a year. There is no documentation of any physical therapy done or any medication therapy (since the provider has failed to document any medications the patient is currently taking). The physical exam is unchanged and there is reason documented as to why there is a sudden need for this test for a chronic complaint that the provider has failed to document any specific conservative treatment attempted so far. There is reason to perform an EMG provided. 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.