

<b>Case Number:</b>	CM15-0134753		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	11/18/2013
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 52 year old female, who sustained an industrial injury on 11/18/2013. Diagnoses have included herniated nucleus pulposus (HNP), cervical sprain-strain, rule out cervical disc protrusion, thoracic sprain-strain, lumbar disc protrusion, lumbar sprain-strain, anxiety and depression. Treatment to date has included acupuncture, lumbar epidural steroid injection and medication. According to the progress report dated 12/4/2014, the injured worker had an epidural injection which helped. It was noted that she was not really on the modified duty at work that she was supposed to be on. She complained of pain and burning in her leg. Physical exam was noted to be unchanged. Authorization was requested for electromyography (EMG)/nerve conduction velocity (NCV) of the bilateral lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography/Nerve Conduction Velocity 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 Page(s): 303.

**Decision rationale:** Per the MTUS ACOEM Guidelines, physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging studies if symptoms persist. Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. When the neurologic exam is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The provided notes indicate that MRI has already been performed with evidence of discopathy, but there is no change in objective evidence to clearly warrant the addition of nerve conduction studies at this time. In this case there is no provided indication of neurologic dysfunction that is evidential of need for electrodiagnostics, and therefore, per the guidelines, the request for EMG/NCV is not medically necessary.