

<b>Case Number:</b>	CM15-0145846		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	02/07/2015
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: Texas, New York, California  
 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 applicant is a represented 55-year-old who has filed a claim for chronic low back, neck, and shoulder pain reportedly associated with an industrial injury of February 7, 2015. In a Utilization Review report dated July 9, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of the bilateral lower extremities. The claims administrator referenced RFA forms of June 17, 2015 and June 24, 2015 in its determination. The applicant's attorney subsequently appealed. In a handwritten note dated June 24, 2015, the applicant reported ongoing complaints of neck pain, shoulder pain, and low back pain, collectively scored at 7/10. The note was very difficult to follow. The applicant was described as having herniated discs at the L3-L4 and L4-L5 levels in the 4-mm range. Acupuncture, electrodiagnostic testing of the bilateral upper extremities, and electrodiagnostic testing of bilateral lower extremities were proposed while the applicant was placed off of work, on total temporary disability for 30 to 45 days. Computerized range of motion testing was sought. The applicant was given a diagnosis of lumbar radiculitis, it was stated in the diagnoses section of the note, although the attending provider's handwritten progress note of June 24, 2015 did not specifically narrate radicular complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG (Electromyography)/ NCV (Nerve Conduction Velocity) of the bilateral lower extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 05/15/15) - Online Version Nerve Conduction Studies (NCS).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 309; 272; 377.

**Decision rationale:** No, the request for electrodiagnostic studies (EMG-NCV) of the bilateral lower extremities was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, EMG testing is deemed "not recommended" for applicants who carry a diagnosis of clinically evident radiculopathy, here, the requesting provider seemingly stated on June 24, 2015 that the applicant had a known, established diagnosis of lumbar radiculitis secondary to herniated discs at the L3-L4 and L4-L5 levels. Thus, the applicant's clinically evident, radiographically-confirmed lumbar radiculopathy effectively obviated the need for the EMG component of the request. The MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 also notes that the routine usage of NCV or EMG testing in the diagnostic evaluation of nerve entrapment is deemed "not recommended." Here, the fact that electrodiagnostic testing of the bilateral upper and bilateral lower extremities were concurrently ordered on the same date, June 24, 2015, strongly suggested that such testing was in fact being performed for routine evaluation purposes, despite the unfavorable ACOEM position on the same. The MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377 also notes that electrical studies are deemed "not recommended" without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies. Here, however, there was no mention of the applicant's having issues with tarsal tunnel syndrome, entrapment neuropathies, generalized neuropathy, diabetic neuropathy, etc., on or around the date of the request, June 24, 2015. Lumbar radiculopathy appeared to be the sole item on the differential diagnosis list. Thus, neither the EMG nor the NCV components of the request were/are indicated. Therefore, the request was not medically necessary.