

<b>Case Number:</b>	CM15-0162754		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	02/23/2015
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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: 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 63 year old female, who sustained an industrial injury on 2-23-2015. Diagnoses include cervical spine neck pain, closed head trauma, lumbar spine sprain-strain, lumbar contusion and sacrum sprain-strain. Treatment to date has included conservative care including medications, chiropractic care, home exercises and physical therapy. Lower extremity EMG (electromyography) was performed on 7-28-2015 and was described as normal. She has had prior evaluations by a Neurologist and 2 Physical Medicine Specialists. No radiculopathy or nerve impingement was found or diagnosed. Per the Primary Treating Physician's Progress Report dated 7-13-2015, the injured worker reported improvement with chiropractic therapy but regression since further chiropractic was denied. She reported no changes since the last exam. Upon physical examination she was slumped over in the chair; affect blunted, mechanical presentation noted. No significant changes noted. The plan of care included additional chiropractic care and continuation of home exercise program. Authorization was requested for EMG (electromyography) and NCS (nerve conduction studies) 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:

**Retrospective electromyograph (EMG) and nerve conduction velocity (NCV) of bilateral lower extremities: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, EMG/NCV.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Electrodiagnostics.

**Decision rationale:** Guidelines do not support the use of lower extremity electrodiagnostics unless there is reasonable and consistent evidence of neurological dysfunction. This individual does not meet these criteria. There was no neurological findings that were consistent with subjective complaints. The neurological exam was essentially normal with good strength and stable gait. There was reported to be questionable L5 sensory disturbance, but this did not match any subjective complaints or other objective findings. Prior expert evaluations documented normal intact lower extremity functioning. Under these circumstances, the Retrospective electromyograph (EMG) and nerve conduction velocity (NCV) of bilateral lower extremities was/is not supported by Guidelines and was not medically necessary.