MAXIMUS Federal Services

| Case Number: | CM15-0167579 | | |
|---|---|---|---|
| Date Assigned: | 09/08/2015 | Date of Injury: | 04/07/2015 |
| Decision Date: | 10/22/2015 | UR Denial Date: | 08/05/2015 |
| Priority: | Standard | Application Received: | 08/25/2015 |

## 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: 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:

The injured worker is a 68 year old female, who sustained an industrial injury on April 7, 2015. She reported low back pain. The injured worker was diagnosed as having cervical, thoracic and lumbar spine strain. Treatment to date has included home exercise, medication, physical therapy, chiropractic care, x-rays and MRI. Currently, the injured worker complains of intermittent moderate neck pain that is described as dull and radiates down both of her arms and intermittent moderate low back pain that is described as dull and radiates down both of her legs. The injured workers current diagnosis is lumbar strain with radicular complaints, thoracic strain and cervical strain with radicular complaints. Her work status is modified duty. A chiropractic note dated May 6, 2015 states the injured worker is experiencing a decrease in inflammation, pain and muscle spasms, as well as an increase in strength, range of motion and coordination and improved functional capacity. The therapeutic response to medication and physical therapy was not included in the documentation. The following; EMG for left and right lower extremities and NCV for right and left lower extremities are requested to assist with further diagnosis.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG (electromyography) left lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Electromyography (EMG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) EMG Testing.

**Decision rationale:** There is no documentation provided necessitating EMG testing of the left lower extremity. According to the ODG, Electromyography (EMG) and nerve conduction studies are an extension of the physical examination. They can be useful in adding in the diagnosis of peripheral nerve and muscle problems. This can include neuropathies, entrapment neuropathies, radiculopathies, and muscle disorders. According to the Guidelines, needle EMG and H-reflex tests to clarify nerve root dysfunction are recommended for the treatment of low back disorders. In this case, there were no objective neurological deficits on physical exam. Medical necessity for the requested study has not been established, as guideline criteria have not been met. The requested study is not medically necessary.

**NCV (nerve conduction velocity) right lower extremity:** 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), Low Back Chapter, Nerve conduction study (NCS).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Nerve Conduction Velocity (NCV) Testing.

**Decision rationale:** The request for diagnostic test EMG/NCV for the right lower extremity is not medically necessary. ODG states that electromyography and nerve conduction velocities, including H-reflex tests, may help identify subtle, focal neurologic dysfunction in patients with neck or arm problems, or both, lasting more than 3 to 4 weeks. The ODG further states that nerve conduction studies are recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. In this case, there is no documentation of any objective clinical findings or any neurological deficits to support the requested NCV of the right lower extremity. Medical necessity for the requested study has not been established. The requested study is not medically necessary.

**NCV (nerve conduction velocity) left lower extremity:** 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), Low Back Chapter, Nerve conduction study (NCS).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Nerve Conduction Velocity (NCV) Testing.

**Decision rationale:** The request for diagnostic test EMG/NCV for the left lower extremity is not medically necessary. ODG states that electromyography and nerve conduction velocities, including H-reflex tests, may help identify subtle, focal neurologic dysfunction in patients with neck or arm problems, or both, lasting more than 3 to 4 weeks. The ODG further states that nerve conduction studies are recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. In this case, there is no documentation of any objective clinical findings or any neurological deficits to support the requested NCV of the right lower extremity. Medical necessity for the requested study has not been established. The requested study is not medically necessary.

**EMG (electromyography) right lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Electromyography (EMG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) EMG Testing.

**Decision rationale:** There is no documentation provided necessitating EMG testing of the right lower extremity. According to the ODG, Electromyography (EMG) and nerve conduction studies are an extension of the physical examination. They can be useful in adding in the diagnosis of peripheral nerve and muscle problems. This can include neuropathies, entrapment neuropathies, radiculopathies, and muscle disorders. According to the Guidelines, needle EMG and H-reflex tests to clarify nerve root dysfunction are recommended for the treatment of low back disorders. In this case, there were no objective neurological deficits on physical exam. Medical necessity for the requested study has not been established, as guideline criteria have not been met. The requested study is not medically necessary.