

<b>Case Number:</b>	CM15-0168665		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	03/22/2011
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: 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 43 year old male, who sustained an industrial injury on March 22, 2011, incurring low back injuries. He was diagnosed with lumbar disc disease and lumbar disc herniation. Treatment included physical therapy post lumbar fusion in April, 2013 and four sessions of physical therapy as of May 11, 2015. Other treatment included epidural steroid injection, lumbar fusion, pain medications, muscle relaxants, and modified activities. Currently, the injured worker complained of persistent low back pain radiating into the knee, calf and foot. The epidural steroid injection gave no relief of pain. He spent twenty hours a day in bed secondary to pain. He noted limited range of motion. The treatment plan that was requested for authorization on August 4, 2015, included Electromyography studies and Nerve Conduction Velocity studies of the bilateral lower extremities. On August 19, 2015, utilization review modified the requested treatment to approve the Electromyography studies but deny the Nerve Conduction Velocity 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:

**Electromyography/Nerve Conduction Velocity of the bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Electrodiagnostic studies.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies, Summary, and Ankle and Foot Complaints 2004, Section(s): Special Studies, Summary.

**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 nerve root dysfunction. There is no documentation of any focal radiculopathy or nerve root dysfunction on the lower limb just chronic neurological deficits that are unchanged. There is noted increase in pain. It is unclear whether pain may be muscular/skeletal or radicular in nature therefore EMG is supported. EMG is medically necessary. As per ACOEM guidelines, Nerve Conduction Velocity studies are contraindicated in virtually all knee and leg pathology unless there are signs of tarsal tunnel syndrome or any nerve entrapment neuropathies. There are no such problems documented. NCV is not medically necessary. Since NCV is not medically necessary, both requested tests are not medically necessary. NCV/EMG of bilateral lower extremity is not medically necessary.