

<b>Case Number:</b>	CM15-0205732		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	09/14/2010
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: Arizona, Texas

Certification(s)/Specialty: Internal 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 57 year old male, who sustained an industrial injury on 09-14-2010. The injured worker is currently not working, permanent, and stationary. Medical records indicated that the injured worker is undergoing treatment for discogenic cervical condition, facet inflammation and headaches, and discogenic lumbar condition with radiculitis. Treatment and diagnostics to date has included cervical MRI, back brace, chiropractic treatment, and medications. Recent medications have included Celebrex, Aciphex, Norflex, Neurontin, and Tramadol. Subjective data (08-20-2015 and 09-29-2015), included continued neck and low back pain. Objective findings (09-29-2015) included tenderness along the lumbar spine, motion of the lumbar spine is "affected", and weakness to "resisted function" in the lower extremities. The request for authorization dated 09-29-2015 requested a consultation, EMG-NCV (electromyography-nerve conduction velocity studies) of bilateral lower extremities, x-ray A-P (anterior posterior) lateral, Celebrex, Aciphex, Norflex, Neurontin, and Tramadol. The treating physician noted that the "nerve studies obtained in 2012 for the extremities were unremarkable". The Utilization Review with a decision dates of 10-07-2015 non-certified the request for EMG-NCV of bilateral lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV of Bilateral Lower Extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

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

**Decision rationale:** Nerve conduction study (NCS) techniques permit stimulation and recording of electrical activity from individual peripheral nerves with sufficient accuracy, reproducibility, and standardization to determine normal values, characterize abnormal findings, and correlate neurophysiologic-pathologic features. These clinical studies are used to diagnose focal and generalized disorders of peripheral nerves, aid in the differentiation of primary nerve and muscle disorders (although NCS itself evaluates nerve and not muscle), classify peripheral nerve conduction abnormalities due to axonal degeneration, demyelination, and conduction block and prognosticate regarding clinical course and efficacy of treatment. NCS should not be performed or interpreted as an isolated diagnostic study. Instead, it should be performed and interpreted at the same time as an EMG. When definitive neurologic findings on physical exam, electrodiagnostic studies, lab tests, or bone scans are present imaging may be warranted. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case the patient has chronic low back pain. The documentation shows that the patient has had previous EMG/NCS to both lower extremities. There is no documentation to support new or changing symptoms to support the need for repeat studies. The EMG/NCS are not medically necessary.