

<b>Case Number:</b>	CM15-0057153		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	08/26/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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: 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 48 year old female with an industrial injury dated August 26, 2014. The injured worker diagnoses include lumbar disc displacement without myelopathy, cervical disc herniation without myelopathy, bursitis and tendinitis of the left shoulder, left carpal sprain/strain, left ankle sprain/strain and thoracic sprain/strain. She has been treated with diagnostic studies, prescribed medications, 6 sessions of acupuncture and periodic follow up visits. According to the progress note dated 02/23/2015, the injured worker reported pain in the cervical spine, thoracic spine, lumbar spine, left shoulder, left wrist/hand, and left ankle/foot. Objective findings revealed spasm and tenderness in the cervical spine, thoracic spine, lumbar spine, left shoulder, left wrist, and left foot. The treating physician prescribed services for Electromyography (EMG) and Nerve conduction velocity (NCV) for right lower extremity now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nerve conduction velocity (NCV) for right lower extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.ncbi.nlm.nih.gov/pubmed/6152606](http://www.ncbi.nlm.nih.gov/pubmed/6152606).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** The requested Nerve conduction velocity (NCV) for right lower extremity is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, page 303, Special Studies and Diagnostic and Treatment Considerations, note "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study."The injured worker has pain in the cervical spine, thoracic spine, lumbar spine, left shoulder, left wrist/hand, and left ankle/foot. Objective findings revealed spasm and tenderness in the cervical spine, thoracic spine, lumbar spine, left shoulder, left wrist, and left foot.The treating physician has not documented physical exam findings indicative of nerve compromise such as a positive straight leg raising test or deficits in dermatomal sensation, reflexes or muscle strength. The treating physician has not documented an acute clinical change since the date of previous electrodiagnostic testing. The criteria noted above not having been met, Nerve conduction velocity (NCV) for right lower extremity is not medically necessary.

**Electromyograph (EMG) for right lower extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.ncbi.nlm.nih.gov/pubmed/6152606](http://www.ncbi.nlm.nih.gov/pubmed/6152606).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** The requested Electromyograph (EMG) for right lower extremity, is not medically necessary.American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, page 303, Special Studies and Diagnostic and Treatment Considerations, note "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study."The injured worker has pain in the cervical spine, thoracic spine, lumbar spine, left shoulder, left wrist/hand, and left ankle/foot. Objective findings revealed spasm and tenderness in the cervical spine, thoracic spine, lumbar spine, left shoulder, left wrist, and left foot.The treating physician has not documented physical exam findings indicative of nerve compromise such as a positive straight leg raising test or deficits in dermatomal sensation, reflexes or muscle strength. The treating physician has not documented an acute clinical change since the date of previous electrodiagnostic testing.The criteria noted above not having been met, Electromyograph (EMG) for right lower extremity is not medically necessary.

