

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0086005 |                              |            |
| <b>Date Assigned:</b> | 05/08/2015   | <b>Date of Injury:</b>       | 11/09/2011 |
| <b>Decision Date:</b> | 06/09/2015   | <b>UR Denial Date:</b>       | 04/23/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/05/2015 |

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 45 year old male, who sustained an industrial injury on 11/09/2011. Diagnoses include traumatic closed head injury, chronic neck/back pain, rule out left lumbar radiculopathy, left shoulder impingement, history of depression/anxiety and vitamin D deficiency. Treatment to date has included diagnostics including sleep studies, medications, physical therapy, exercise, occupational therapy and psychological therapy. Per the Primary Treating Physician's Progress Report dated 10/22/2014, the injured worker reported headache on the back of his had radiating down to his neck. He reports left hip/buttock pain described as a little better. Physical examination revealed tenderness to the left shoulder with positive impingement maneuvers. Neurological testing revealed intact perception of pinprick in upper and lower extremities. Strength was equal in the bilateral lower extremities. Left knee reflex was +1/4 and right knee reflex was +2/4. The plan of care included rehabilitation treatment and diagnostic testing. Authorization was requested for EMG (electromyography)/NCV (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:

**EMG (electromyography)/NCV (nerve conduction velocity) of Bilateral Lower Extremities:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-303. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Nerve conduction studies (NCS).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** This 45 year old male has complained of neck pain, low back pain and shoulder pain since date of injury 11/9/11. He has been treated with physical therapy and medications. The current request is for an EMG/NCV study of the bilateral lower extremities. The available medical records do not document any new injuries, red flags, symptoms or physical examination findings which would indicate the necessity of obtaining a repeat EMG/NCV of the bilateral lower extremities. On the basis of the MTUS guidelines cited above and the available provider documentation, EMG/NCV of the bilateral lower extremities is not medically necessary.