

<b>Case Number:</b>	CM14-0080312		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	01/28/2014
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records presented for review indicate that this 53-year-old female was reportedly injured on January 28, 2014. The mechanism of injury is noted as a slip and fall. The most recent progress note, dated March 5, 2014, indicates that there are ongoing complaints of low back pain which radiates to the right side. There are also complaints of thoracic spine pain. The physical examination demonstrated tenderness over the lower lumbar spine and the paraspinal muscles. There was a positive right-sided straight leg raise test at 70. There was mild tenderness at the coccyx. A previous physical examination dated January 28, 2014, noted decreased sensation in the right-sided L4 dermatome. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes oral medications. A request had been made for EMG and NCV studies of the left and right lower extremity and was not certified in the pre-authorization process on May 19, 2014.

### 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 ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** The ACOEM Practice Guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a CT or MRI is equivocal and there are ongoing lower extremity symptoms. Although the neurological examination of the injured employee did indicate decreased sensation at the right L4 dermatome, there is no CT or MRI to compare these findings to. As such, the request is not medically necessary.

**NCS (nerve conduction study) right lower extremity:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** The ACOEM Practice Guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a CT or MRI is equivocal and there are ongoing lower extremity symptoms. Although the neurological examination of the injured employee did indicate decreased sensation at the right L4 dermatome, there is no CT or MRI to compare these findings to. As such, the request is not medically necessary.

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

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