

<b>Case Number:</b>	CM13-0055416		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	08/05/2003
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 reported an injury on 08/05/2003. The mechanism of injury was due to a slip and fall. The injured worker has diagnoses of cervical degenerative disc disease with chronic sprain/strain, lumbar herniated nucleus pulposus at L5-S1 with radiculopathy bilaterally a degenerative disc disease, bilateral shoulder impingement secondary to overuse, left elbow status post ulnar nerve anterior subcutaneous transfer with residual pain and ulnar symptoms, carpal tunnel syndrome left greater than right, anxiety and depression, insomnia. Past medical treatment consists of physical therapy, surgery, and medication therapy. On medical re-examination dated 11/05/2013, the injured worker complained of low back pain that radiated distally through the bilateral lower extremities, extending to the feet and toes, with associated numbness, tingling, and burning sensation. It was noted in the report that physical examination was deferred. The medical treatment plan was for the injured worker to undergo electromyography and a nerve conduction velocity testing of the lower extremities. A rationale and Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One Electromyography (EMG) and Nerve Conduction Velocity (NCV) of the lower extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The request for EMG of the lower extremities is not medically necessary. The CA MTUS/ACOEM Guidelines state that EMG (electromyography), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. There should be documentation of 3 to 4 weeks of conservative care and observation. The submitted documentation dated 11/05/2013, showed that there was no physical examination done. The guidelines recommend documentation of 3 to 4 weeks of conservative care and observation. Failure of recent conservative care rendered also was not demonstrated in the submitted report. Additionally, there was no documented neurological deficits to the lower extremities. Given the above, the request would not be indicated. As such, the request is not medically necessary.