

<b>Case Number:</b>	CM14-0026592		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	12/12/2013
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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. 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: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 52-year-old male who reported injury on 12/12/2013. The mechanism of injury was cumulative trauma. The surgeries were not provided. Other therapies were not provided. Diagnostic imaging was not provided. There was a Request for Authorization submitted for review dated 12/16/2013. The physical examination of the lumbar spine revealed decreased range of motion and tenderness to palpation. The injured worker had a positive sitting root and straight leg raise at 30 degrees. The patellar reflexes were 1+ bilateral and the Achilles were 2+ bilaterally. The injured worker had sensory dermatomes that were within normal limits. The diagnoses included lumbar radiculopathy. The treatment plan included chiropractic physiotherapy, acupuncture and EMG/NCV 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:

**NCV RIGHT LOWER EXTREMITY:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Nerve conduction studies (NCS).

**Decision rationale:** The Official Disability Guidelines do not recommend NCS as there is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. There is no documentation of peripheral neuropathy condition that exists in the bilateral lower extremities. There is no documentation specifically indicating the necessity for both an EMG and NCV. The clinical documentation submitted for review indicated the injured worker had radiculopathy. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for NCV right lower extremity is not medically necessary.

**EMG LEFT LOWER EXTREMITY:** 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 American College of Occupational and Environmental Medicine states that Electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The clinical documentation submitted for review failed to provide documentation of conservative care and observation. There were no myotomal and dermatomal findings to support the necessity for an EMG. There was a lack of documentation of a failure of 3 to 4 weeks of conservative care. Given the above, the request for EMG left lower extremity is not medically necessary.

**NCV LEFT LOWER EXTREMITY:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Nerve conduction studies (NCS).

**Decision rationale:** The Official Disability Guidelines do not recommend NCS as there is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. There is no documentation of peripheral neuropathy condition that exists in the bilateral lower extremities. There is no documentation specifically indicating the necessity for both an EMG and NCV. The clinical documentation submitted for review indicated the injured worker had radiculopathy. There was

a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for NCV left lower extremity is not medically necessary.

**EMG RIGHT LOWER EXTREMITY: 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 American College of Occupational and Environmental Medicine states that Electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. There should be documentation of 3 - 4 weeks of conservative care and observation. The clinical documentation submitted for review failed to provide documentation of conservative care and observation. There were no myotomal and dermatomal findings to support the necessity for an EMG. There was a lack of documentation of a failure of 3 to 4 weeks of conservative care. Given the above, the request for EMG right lower extremity is not medically necessary.