

<b>Case Number:</b>	CM15-0016410		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	01/23/2012
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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, 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 61-year-old female who reported an injury on 01/23/2012. The mechanism of injury was noted to be the injured worker slipped and fell on her right hand and arm. The injured worker underwent an external fixation of the distal radius fracture and ulnar fracture. The injured worker was noted to undergo an ultrasound of the brachial plexus bilaterally on 03/23/2013 and a diagnostic right anterior scalene muscle injection under ultrasound guidance on 05/09/2013. The Request for Authorization was submitted dated 12/12/2014. The documentation of 12/11/2014 revealed the injured worker had pain in the gluteal area that radiated into the right leg associated with weakness and numbness sensation in the right leg. The injured worker had a positive Tinel's sign in the region of the right sciatic nerve in the gluteal area and the piriformis test was positive on the right. The diagnosis included right piriformis syndrome. The treatment plan included an EMG and nerve conduction study of the right lower extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV of right lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 60-61. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, EMG and NCS

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, NCS

**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 injured workers with low back symptoms lasting more than three or four weeks. They do not specifically address nerve conduction studies. 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. There was a lack of documentation of prior conservative care directed specifically at the right hip. Additionally, although the piriformis stress test was positive on the right side, there was a lack of documentation of specific myotomal or dermatomal findings to support a necessity for an EMG. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for EMG/NCV of the right lower extremity is not medically necessary.