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| <b>Case Number:</b>   | CM15-0113894 |                              |            |
| <b>Date Assigned:</b> | 06/22/2015   | <b>Date of Injury:</b>       | 06/05/2012 |
| <b>Decision Date:</b> | 07/20/2015   | <b>UR Denial Date:</b>       | 05/21/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/12/2015 |

### 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: Iowa, Illinois, Hawaii

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 66 year old female, who sustained an industrial injury on 6/5/2012. The current diagnoses do not pertain to the low back region. They are cervical disc degeneration, brachial neuritis or radiculitis, carpal tunnel syndrome, and osteoarthritis. According to the progress report dated 4/23/2015, the injured worker complains of pain shooting down her legs from her tailbone. She says that she constantly has to change positions to get comfortable and that she is often wakes from sleep in pain. The pain is rated 5/10 with medications and 9/10 without. The current medications listed are Melatonin. The physical examination pertains only to the cervical spine and upper extremities. Treatment to date has included medication management. The plan of care includes EMG/NCV bilateral lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV bilateral lower extremities:** 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 Page(s): 303, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS).

**Decision rationale:** ACOEM states "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." ODG states in the Low Back Chapter and Neck Chapter, "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Electrodiagnostic studies should be performed by appropriately trained Physical Medicine and Rehabilitation or Neurology physicians. See also Monofilament testing." The treating physician does not document evidence of radiculopathy, muscle atrophy, and abnormal neurologic findings. As such the request for EMG/NCV bilateral lower extremities is not medically necessary.