

<b>Case Number:</b>	CM15-0120916		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	08/03/2010
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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, North Carolina  
Certification(s)/Specialty: Family Practice

### 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 54 year old male, who sustained an industrial injury on 8/03/2010. The medical records submitted for this review did not include documentation regarding the initial injury or prior treatments to date. Currently, he complained of pain in bilateral upper extremities, low back and mid back associated with numbness and tingling in the right arm, and bilateral lower extremities. Pain was rated 7/10 VAS. On 3/16/15, the physical examination documented tenderness to the lumbar spine, bilateral sacroiliac joints and right shoulder. There was a positive impingement sign, limited range of motion in the shoulder and lumbar spine. The plan of care included electromyogram and nerve conduction studies (EMG/NCS) of bilateral lower extremities, MRI of the right and left shoulder and lumbar spine, and Norco. The appeal review addresses the authorization for the EMG/NCS of 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 of the 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): 308-310.

**Decision rationale:** The ACOEM Guidelines state that EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. In regard to NCV, the ODG states that NCV are not recommended for low back conditions. There is minimal justification to perform the tests when the patient is presumed to have symptoms on the basis of a radiculopathy. An EMG is not necessary if radicular symptoms are already clinically obvious. In this case, the patient has sciatica and evidence of radicular symptoms, so the request is not medically necessary.