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| **Case Number:** | CM15-0171594 | | |
| **Date Assigned:** | 09/11/2015 | **Date of Injury:** | 04/29/2015 |
| **Decision Date:** | 10/13/2015 | **UR Denial Date:** | 08/26/2015 |
| **Priority:** | Standard | **Application Received:** | 08/31/2015 |

## 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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

## 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 49 year old male, who sustained an industrial injury on April 29, 2015. He reported an injury to his neck, head and back and was diagnosed with a vertebral fracture. A neurological evaluation on July 15, 2015 revealed the injured worker had diffuse head pain in the cervical and bifrontal area and diffuse pain all over the body including the upper and lower extremities. The documentation indicated that "there is no definitive dermatomal distribution of the pain." On August 10, 2015 the injured worker complained of constant neck and head pain associated with headaches. The pain was moderate to severe and he rated the pain an 8 on a 10-point scale. He reported constant low back pain with radiation of pain to the right hip. He had motor weakness in the lower extremity and described his low back pain as dull pain. He rated his low back pain a 7 on a 10-point scale. On physical examination the injured worker had decreased cervical spine range of motion. He had normal cervical lordosis and was without spasm or tenderness to palpation. The injured worker had tenderness to palpation and spasm over the lumbar spine and a positive right straight leg raise. The injured worker was diagnosed as having a cervical vertebral fracture, trauma brain injury, post-traumatic myofascial pain syndrome, lumbar disc displacement, lumbar radiculopathy, and lumbar sprain-strain. Treatment to date has included acupuncture, NSAIDS and diagnostic imaging. A request for dynamic surface EMG of the bilateral lower extremities was received on August 17, 2015. The Utilization Review determined on August 26, 2015 that the request for a dynamic surface EMG of the bilateral lower extremities was not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography/Nerve conduction Velocity of the bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

**Decision rationale:** The claimant sustained a work injury in April 2015 when his clothing became stuck in a machine with injury to the neck and back. He is being treated for neck pain and low back pain radiating to the hip. When seen, physical examination findings included decreased cervical spine range of motion. There was lumbar muscle tenderness with spasms and positive right straight leg raising. Strength and reflexes were normal. Authorization is being requested for testing. The treatment plan references obtaining EMG testing of the lower and upper extremity. There is reference to obtaining surface EMG testing as well as bilateral lower extremity EMG/NCS testing.In this case, the actual testing being requested is unclear. Surface EMG is not recommended. Electrodiagnostic testing (EMG/NCS) is generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy. Criteria include that the testing be medically indicated. In this case, when requested there were no finding that suggest peripheral nerve compression. There were no documented neurological examination that would support the need for obtaining bilateral lower extremity EMG or NCS testing at this time. This request is not medically necessary.