

<b>Case Number:</b>	CM15-0065170		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	09/27/2013
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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

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 60 year old male, who sustained an industrial injury on 9/27/2013. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include cervical sprain, lumbago, and a lumbar compression fracture. Treatments to date include medication therapy, acupuncture treatments, and functional restoration. Currently, he complained of neck and low back pain rated 6-7/10 VAS. On 2/25/15, the physical examination documented no new acute findings. The plan of care included electromyography/ nerve conduction studies (EMG/NCS) of bilateral upper and 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 left lower extremity (outpatient):** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation EBM reference.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter, Nerve conduction studies & Electrodiagnostic studies (EDS).

**Decision rationale:** This patient presents with pain in the lower back and neck. The current request is for EMG/NCV of the Left Lower Extremity (Outpatient). Treatments to date include medication therapy, acupuncture treatments, and participation in a functional restoration program. The patient is currently not working. For EMG, the ACOEM Guidelines page 303 states: Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." Regarding Nerve conduction studies, the ODG guidelines Low Back Chapter, under Nerve conduction studies states: Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. ODG for Electro diagnostic studies (EDS) states: (NCS) which are not recommended for low back conditions, and EMGs (Electromyography) which are recommended as an option for low back. According to progress report 02/25/15, the patient reported low back pain with numbness and tingling into the bilateral lower extremities. Examination revealed sensation is intact to light touch in the bilateral lower extremities and patellar L4 and Achilles S1 are blunted bilaterally. The treating physician stated that the patient had a compression fracture of the lumbar spine, per CT scan report. The CT scan report was not provided for my review. Recommendation was made for a referral to a spine surgeon, TENS unit, medications, and EMG/NCV due to radicular symptoms. There is no indication that prior EMG/NCV testing has been done. Given the patient's continued complaints of pain with radicular components, further diagnostic testing may be useful to obtain unequivocal evidence of radiculopathy. The requested EMG/NCV is medically necessary.