

<b>Case Number:</b>	CM15-0068060		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	09/11/2010
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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 57 year old female, who sustained an industrial injury on 9/11/10. The injured worker was diagnosed as having cervical psuedoarthrosis and post anterior and posterior revision fusion, status post radiculitis and status post left carpal tunnel surgery with residual nerve damage. Treatment to date has included oral medications including narcotics, 3 spinal surgeries, physical therapy and home exercise program. Currently, the injured worker complains of significant increase in back pain with tightness and swelling in back of neck extending into the left trapezium. Physical exam noted tenderness of cervical paraspinal musculature with taut muscle bands. The treatment plan included continued weaning of Percocet, continuation of Nortriptyline, (EMG) Electromyogram/ (NCV) Nerve Condition Velocity studies and follow up appointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV of bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter.

**Decision rationale:** The request is for an EMG/NCV of the bilateral lower extremities in a patient complaining of pain, numbness and tingling in both feet. CA MTUS does not address EMG/NCV for the lower extremities. ACOEM is also silent regarding NCV for the lower extremities, but does recommend needle EMG/H-reflex tests to clarify nerve root dysfunction after 1 month without improvement. EMG is not recommended for patients with clinically obvious radiculopathy. The ODG states that NCV is not recommended. In this patient the medical records do not reveal any documentation of a possible neuropathy or rationale for ordering the tests. There is also no documentation of conservative treatment to the lower extremities. At this time the request for EMG/NCV is deemed not medically necessary.