

<b>Case Number:</b>	CM15-0074236		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	09/27/2013
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/19/2015

### 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: Internal 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 26-year-old female who sustained an industrial injury on 9/27/13. The injured worker reported symptoms in the spine as well as headaches. The injured worker was diagnosed as having cervical strain/sprain, lumbosacral sprain/strain and headache face/head pain. Treatments to date have included activity modification. Currently, the injured worker complains of pain in the cervical and thoracic spine with associated headaches. The plan of care was for diagnostics and a follow up appointment at a later date.

### 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 308-309. Decision based on Non-MTUS Citation ACOEM 3rd Edition (2011) Low back disorders <http://www.guideline.gov/content.aspx?id=38438> Official Disability Guidelines (ODG) Low Back, Lumbar & Thoracic (Acute & Chronic) Nerve conduction studies

(NCS). Work Loss Data Institute - Low back, lumbar & thoracic (acute & chronic) 2013  
<http://www.guideline.gov/content.aspx?id=47586>.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses electrodiagnostic studies. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints indicates that EMG for clinically obvious radiculopathy is not recommended. EMG is recommended to clarify nerve root dysfunction. ACOEM 3rd Edition states that electrodiagnostic studies, which include needle EMG, are recommended where a CT or MRI is equivocal and there are ongoing pain complaints that raise questions about whether there may be a neurological compromise that may be identifiable (i.e., leg symptoms consistent with radiculopathy, spinal stenosis, peripheral neuropathy, etc.). Electrodiagnostic studies for patients with acute, subacute, or chronic back pain who do not have significant leg pain or numbness are not recommended. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints state that EMG for clinically obvious radiculopathy is not recommended. EMG is recommended to clarify nerve root dysfunction. Official Disability Guidelines (ODG) Low Back, Lumbar & Thoracic (Acute & Chronic) states that nerve conduction studies (NCS) are not recommended. Work Loss Data Institute guidelines for the low back states that nerve conduction studies (NCS) are not recommended. Electromyography & nerve conduction velocity studies for bilateral lower extremities were requested on April 6, 2015. MRI of the lumbar spine dated 04/11/2014 showed multi-level degenerative changes most pronounced at L4-L5 and L5-S1 resulting in bilateral lateral recess and neural foraminal encroachment, and L4-L5 and L5-S1 disc bulging, ligamentum flavum redundancy, and slight facet arthropathy and disc protrusion. Electromyography and nerve conduction velocity tests performed 4/22/15 demonstrated left L5 lumbar radiculopathy. The progress report dated 11/5/14 documented low back pain radiating to the left leg. The 11/5/14 progress report was the most recent progress report present in the submitted medical records. Recent progress reports were not present in the submitted medical records. Without recent progress reports, the request for electromyography and nerve conduction velocity is not supported. Therefore, the request for electromyography and nerve conduction velocity studies is not medically necessary.