

<b>Case Number:</b>	CM13-0023505		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	04/12/2013
<b>Decision Date:</b>	06/17/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 45 year old male with an injury date of 04/12/13. Based on the 07/23/13 progress report provided by [REDACTED] the patient complains of pain in his lower back and mid back. He has difficulty getting in and out of the car, taking a shower, and getting dressed. Pain medication doesn't help much. [REDACTED] is requesting for EMG/NCV studies of the bilateral lower extremities between 08/07/13 and 09/21/13. The utilization review determination being challenged is dated 08/12/13. [REDACTED] is the requesting provider, and he provided treatment reports from 04/17/13- 08/20/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ONE ELECTROMYOGRAPHY OF THE BILATERAL LOWER EXTREMITIES BETWEEN 8/7/2013 AND 9/21/13: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** According to the 07/23/13 report within the medical records provided for review, the patient presents with pain in his lower back and mid back. There were no previous

EMG studies conducted. ACOEM Guidelines page 303 states, "Electromyography including H-reflex test may be useful to identify subtle focal neurologic dysfunctions in patients with low back symptoms lasting more than 3 or 4 weeks." This patient has mentioned persistent pain in the low back in every progress report since 04/17/13, lasting more than 3 to 4 weeks. An EMG may help uncover focal neurologic deficit. The request is medically necessary and appropriate.

**NERVE CONDUCTION VELOCITY OF THE BILATERAL LOWER EXTREMITIES BETWEEN 8/7/2013 AND 9/21/13: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to the medical records provided for review, there were no previous NCV studies conducted. The ODG state the following regarding NCV studies: "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy (Al Nezari, 2013)." The treator does not mention any concern regarding the patient's low back pain. In this situation, NCV studies are not recommended per the ODG. The request is not medically necessary and appropriate.