

<b>Case Number:</b>	CM14-0145876		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	05/28/2014
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Occupational Medicine 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 injured worker is a 52-year-old female who slipped and fell while at work on 5-28-2014 on two her elbows and back. She developed severe back pain and elbow pain as well. Her exam revealed diminished lumbar range of motion, diffuse tenderness of the paraspinal musculature in the lumbar spine, and negative straight leg raise testing. She was given a diagnosis of a sprain/strain/contusion of the elbow and back. Physical therapy was ordered in the injured worker was placed on Naprosyn and Vicodin. Subsequently, the injured worker appears to have had at least five physical exams to include one done by orthopedist. Those exams documents normal dermatome sensation, negative straight leg raise testing, and normal deep tendon reflexes to the lower extremities. The provided documentation does not indicate that the injured worker experiences pain into the legs or weakness of the lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG Right Lower Extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Treatment Index Low Back, EMG (electromyography)

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

**Decision rationale:** Electromyography (EMGs) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. In this instance, there is no evidence either subjectively or objectively for a potential radicular component for this individual's pain. Therefore, an EMG of the right lower extremity is not medically necessary.

**NCV Left Lower Extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Back Section, Nerve Conduction Velocity Testing

**Decision rationale:** There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. In this instance, there is no subjective or objective evidence of a radiculopathy and therefore NCS of the left lower extremity is medically unnecessary.

**NCV Right Lower Extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Back Section, Nerve Conduction Velocity Testing

**Decision rationale:** There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. In this instance, there is no subjective or objective evidence of a radiculopathy and therefore NCS of the right lower extremity is medically unnecessary.

**EMG Left Lower Extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Treatment Index Low Back, EMG (electromyography)

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

**Decision rationale:** Electromyography (EMGs) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. . In this instance, there is no evidence either subjectively or objectively for a potential radicular component for this individual's pain. Therefore, an EMG of the left lower extremities is not medically necessary.