

<b>Case Number:</b>	CM14-0172923		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	03/07/2013
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 Family 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 44 year-old man who was injured at work on 3/7/2013. The injury was primarily to his back. He is requesting review of denial for EMG/NCV studies of the Bilateral Lower Extremities. Medical records corroborate ongoing care for his injuries. His primary treating physician's Progress Reports are included and described the following chronic diagnoses: Low Back Pain; Rule out Lumbar Spine/HNP (Herniated Nucleus Pulposus); and Radiculitis, Lower Extremity. Treatment has included: opioids, muscle relaxants, NSAIDs, topical analgesics, and acupuncture. The injured worker was evaluated on 10/27/2014 by a Neurologist. The Neurologist performed EMGs and NCVs and found "no evidence of lumbosacral radiculopathy, plexopathy, or peripheral nerve entrapment." Utilization review of this request certified EMGs but not NCVs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography/Nerve Conduction Velocity (EMG/NCV) Studies of the Bilateral Lower Extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC): Low Back Procedure Summary last updated 08/22/2014, EMG's (Electromyography) and Nerve Conduction Studies

**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 Complaints/Acute & Chronic, Electrodiagnostic Studies and Nerve Conduction Studies.

**Decision rationale:** The Official Disability Guidelines comment on the use of Electrodiagnostic Studies in the evaluation of Low Back Complaints. These guidelines state that "Nerve Conduction Studies (NCS) are not recommended for low back conditions and EMGs (Electromyography) are recommended as an option in the assessment of this condition." 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 case, it was appropriate to perform EMGs based on the information available in the medical records; however, performances of NCVs are not appropriate given the statements in the ODG. Therefore, performance of EMGs/NCVs of the Bilateral Lower Extremities is not considered as medically necessary.