MAXIMUS Federal Services

| Case Number: | CM13-0008213 | | |
|---|---|---|---|
| Date Assigned: | 12/04/2013 | Date of Injury: | 05/10/2012 |
| Decision Date: | 01/24/2014 | UR Denial Date: | 07/17/2013 |
| Priority: | Standard | Application Received: | 08/07/2013 |

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation; Sports Medicine and is licensed to practice in Texas. 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 physician 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 34-year-old male with a reported date of injury on 05/10/2012. The patient presented with low back pain, tenderness over the L4-5 and L5-S1 facet area, tenderness over the right posterior superior iliac spine, slight decreased sensation to light touch in the right lower extremity compared to the left side, and decreased lumbar spine rotation. The patient had a negative straight leg raise, and extension and lateral bending of the lumbar spine were normal. The patient had diagnoses including lumbar spine sprain/strain, low back pain with radicular syndrome to the right lower extremity, MRI findings of 4 mm right-sided disc protrusion at L5-S1 contacting the right S1 nerve root, and possible sacroiliac joint arthropathy on the right side. The physician's treatment plan included a request for an EMG of the left lower extremity, an NCV of the right lower extremity, an NCV of the left lower extremity, and an EMG of the right lower extremity.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG Left Lower Extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter, Online Version, EMG's(electromyography)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305 & 308-310.

**Decision rationale:** The California MTUS guidelines do not specifically address the use of EMG. ACOEM states, electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. ACEOM notes EMG for clinically obvious radiculopathy and surface EMG and F-wave tests are not recommended. Per the provided documentation, the patient had low back pain, more significant on the right side, and slight decreased sensation to light touch in the right lower extremity compared to the left side. The provider noted the patient had undergone an epidural steroid injection, which the patient reported gave him some relief, but the relief was not significant. The patient had negative straight leg raises. Per the provided documentation, the requesting physician did not include adequate documentation of radicular symptoms in order to demonstrate the patient's need for an EMG of the left lower extremity. Therefore, the request for an EMG of the left lower extremity is neither medically necessary nor appropriate.

**NCV Right Lower Extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter, Online Version, EMG's(electromyography)

**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, Nerve conduction studies (NCS)

**Decision rationale:** The California MTUS guidelines and ACOEM do not specifically address the use of NCV for the lower extremities. The Official Disability Guidelines note, the use of NCV in the lower extremities is not recommended, as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The use of NCV for detection of radiculopathy is not recommended. Therefore, the request for an NCV of the right lower extremity is neither medically necessary nor appropriate.

**NCV Left Lower Extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter, Online Version, EMG's(electromyography)

**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, Nerve conduction studies (NCS)

**Decision rationale:** The California MTUS guidelines and ACOEM do not specifically address the use of NCV for the lower extremities. The Official Disability Guidelines note, the use of NCV in the lower extremities is not recommended, as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The use of NCV for detection of radiculopathy is not recommended. Therefore, the request for an NCV of the left lower extremity is neither medically necessary nor appropriate.

**EMG Right Lower Extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter, Online Version, EMG's(electromyography)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305 & 308-310.

**Decision rationale:** The California MTUS guidelines do not specifically address the use of EMG. ACOEM states, electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. ACEOM notes EMG for clinically obvious radiculopathy and surface EMG and F-wave tests are not recommended. Per the provided documentation, the patient had low back pain, more significant on the right side, and slight decreased sensation to light touch in the right lower extremity compared to the left side. The provider noted the patient had undergone an epidural steroid injection, which the patient reported gave him some relief, but the relief was not significant. The patient had negative straight leg raises. Per the provided documentation, the requesting physician did not include adequate documentation of radicular symptoms in order to demonstrate the patient's need for an EMG of the right lower extremity. Therefore, the request for an EMG of the right lower extremity is neither medically necessary nor appropriate.