Case Number:	CM13-0016253		
Date Assigned:	11/06/2013	**Date of Injury:**	05/22/2012
Decision Date:	02/13/2014	**UR Denial Date:**	07/29/2013
Priority:	Standard	**Application Received:**	08/23/2013

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 & Rehabilitation, has a subspecialty in Pain Management, 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 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:

This is a male patient with a date of injury of 5/22/12. A utilization review determination dated 7/29/13 recommends non-certification of EMG/NCS of bilateral lower extremities as the record was said to reveal clear evidence of radicular findings from the clinical examination and evidence of pathology on the MRI of the lumbar spine "recently performed on 6/27/13. The MRI is not included for review, but the utilization review report medical records list shows the date of the MRI as 6/27/12 and cites abnormal findings as "L5-S1...disc space is diminished in signal compatible with disc degeneration. There is a 2-3 mm broad-based and lateral disc bulge. The L5 vertebral body is minimally subluxed anteriorly with respect to S1 corresponding to a grade I spondylolisthesis. There is mild irregularity of the pars interarticularis bilaterally suggestive of pars defects. These are not optimally visualized. There is a mild bilateral neural foraminal stenosis. The spinal canal is intact. The conus extends inferiorly to the level of L1." A progress report dated 7/19/13 identifies subjective complaints including right low back pain radiating to the right buttock, posterior thigh, and posterior calf. Objective examination findings identify decreased sensation in the left L4 and L5 dermatome, limited lumbar ROM, positive lumbar discogenic provocative maneuvers, 5-/5 muscle strength in the right posterior tibial and gastrocsoleus, and 4/5 right extensor hallucis longus and peroneals. Diagnoses include right L5 and right S1 radiculopathy; grade 1 spondylolisthesis at L5; central disc protrusion at L5-S1; bilateral L5 pars defect; L5 neural foraminal stenosis; lumbar sprain/strain. Treatment plan recommends EMG with NCS of the bilateral lower extremities to evaluate for radiculopathy, entrapment neuropathy, or peripheral neuropathy give the patient's new onset of lower extremity numbness and neurologic deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG bilateral lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Summary of Recommendations and Evidence, and ODG, Low Back, Nerve Conduction Studies

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

Decision rationale: Regarding the request for EMG/NCS of bilateral lower extremities, California MTUS cites that they may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. Within the documentation available for review, there is documentation of new onset focal neurologic dysfunction. No MRI is included for review, but the prior utilization review report described an MRI from 6/27/12 showing only changes at L5-S1 with a grade I spondylolisthesis, possible pars defects, and mild bilateral neuroforaminal stenosis. However, the clinical findings identify deficits that are not completely explained by the findings at L5-S1, and electrodiagnostic testing would be appropriate to further clarify which levels are affected. In light of the above, the currently requested EMG/NCS of bilateral lower extremities is medically necessary.

NCS bilateral lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Summary of Recommendations and Evidence, and ODG, Low Back, Nerve Conduction Studies

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

Decision rationale: Regarding the request for EMG/NCS of bilateral lower extremities, California MTUS cites that they may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. Within the documentation available for review, there is documentation of new onset focal neurologic dysfunction. No MRI is included for review, but the prior utilization review report described an MRI from 6/27/12 showing only changes at L5-S1 with a grade I spondylolisthesis, possible pars defects, and mild bilateral neuroforaminal stenosis. However, the clinical findings identify deficits that are not completely explained by the findings at L5-S1, and electrodiagnostic testing would be appropriate to further clarify which levels are affected. In light of the above, the currently requested EMG/NCS of bilateral lower extremities is medically necessary.