MAXIMUS Federal Services

| Case Number: | CM13-0020366 | | |
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| Date Assigned: | 10/11/2013 | Date of Injury: | 08/13/1999 |
| Decision Date: | 01/27/2014 | UR Denial Date: | 08/23/2013 |
| Priority: | Standard | Application Received: | 09/05/2013 |

## 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 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:

The injured worker is a 58 year old male who has date of injury on August 13, 1999. The patient has a diagnosis of lumbar radiculopathy, lumbar degenerative disc disease, lumbar facet arthropathy, and lumbar spinal stenosis. The patient underwent EMG of the lower extremities on 4/19/2013 by [redacted] who reported: "The study showed electrodiagnostic evidence that would be most consistent with a right-sided lumbar radiculopathy involving both L5 nerve root. The chronicity of the injury is difficult to say with certainty but it would appear to be at least subacute or longer in duration, and possibility of an acute overlay cannot be excluded. Additionally on the left side, there was found to be no response with the peroneal motor nerve and the superficial peroneal sensory nerve. This would likely be consistent with the patients previously known trauma to this ankle and the multiple surgeries that were required to repair it." The patient's lumbar MRI on 2/7/2013 indicates severe degenerative disc disease and arthropathy at all levels, most severe on the left at L3-4. Moderate to severe neuroforaminal stenosis threat spine, most severe on the left side at L3 for and L1 two. There is some degree of central canal stenosis between T12 to L5, most severe at L3-4 level where the CSF is completely effaced and the canal measures 5 mm or less in the AP and transverse dimensions. Further imaging including this patient's cervical MRI on date of service 2/7/2013 indicated multi-level loss of disc height including C5-6 and C6-7. At C6-7 there was a broad-based 3 mm protrusion and the canal measured a 8.5 mm in AP dimension. At C7-T1 there was 2mm posterolateral disk bulge, with arthropathy. A utilization review letter dated August 23, 2013 denied the request on 8/12/2013 for electromyography of the lower extremities. The rationale for this denial was a lack of documentation of neurologic deficits, and the utilization review letter states "the current clinical records do not p

## IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV, lower extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,Chronic Pain Treatment Guidelines Page(s): 6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Pain Chapter.

**Decision rationale:** In Chapter 12 of the ACOEM Guidelines, page 303, the following reference regarding electrodiagnostic testing is noted as "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." The ACOEM Practice Guidelines 2nd Ed., Update to Chapter 12, Low Back Disorders, pgs. 60-61 states: "The nerve conduction studies are usually normal in radiculopathy (except for motor nerve amplitude loss in muscles innervated by the involved nerve root in more severe radiculopathy and H-wave studies for unilateral S1 radiculopathy). Nerve conduction studies rule out other causes for lower limb symptoms (generalized peripheral neuropathy, peroneal compression neuropathy at the proximal fibular, etc.) that can mimic sciatica." The electrodiagnostic consultation on date of service April 19, 2013 indicates that the patient complains of the bilateral lower extremity pain as well as low back pain. On examination there are substantial impairments noted in the left lower extremity due to a number of surgeries that are documented in the chart. The patient is able to demonstrate at least 4/5 strength bilaterally in the lower extremities. In a progress note on date of service April 24, 2013, the physical examination is handwritten and some portions are difficult to decipher. There is clear documentation that reflexes are abnormal although there is no further specification of which reflexes. Gait is noted as normal. There does not appear to be commentary on sensory testing in the submitted documentation. The utilization review report dated August 23, 2013 was incorrect in interpreting the guidelines. There is a statement that "there is no documentation to satisfy the ACOEM guidelines criteria which states there should be evidence of focal subtle neurologic deficits to support an EMG and nerve conduction study of the lower extremities." In fact, the guidelines state that electromyography may be used to identify subtle, focal neurologic dysfunction in patients with low back pain symptoms lasting more than three or four weeks. With regard to the nerve conduction studies, the updated ACOEM guidelines specified that nerve conduction studies are usually normal in radiculopathy. They are however very important in a company the electromyography in establishing the diagnosis of radiculopathy. To establish the diagnosis of lumbar radiculopathy, sensory nerve action potentials should be within normal limits, which can be an important differentiation from pathology that originates prior to the dorsal root ganglion (i.e. radiculopathy) versus peripheral polyneuropathy or mononeuritis which occur more distally. Given the patient's subjective complaints, some objective examination suggesting possible neurologic dysfunction, as well as a lumbar MRI which showed significant disc degeneration as well as some central stenosis, the request for EMG/NCS is recommended for c

**Continued acupuncture one to three (103) for one to two (1-2) months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:**