

<b>Case Number:</b>	CM13-0021851		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	01/09/2013
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	08/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### 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 Internal 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 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 sustained his injuries on 01/07/2013 when he was carrying dressing bags that weighed approximately 20 pounds apiece. As he was carrying them on his shoulders, he felt a sharp pain in his left leg above the knee and subsequently developed back pain a week later with radiating pain into his left calf and left toes. The patient underwent a nerve conduction study on 06/14/2013 which noted no abnormalities on the right or the left. All F-wave latencies were within normal limits. H-reflex studies indicate that the left tibial H-reflex has no response, and the right tibial H-reflex has no response as well. The left anterior tibialis, and left tensor fascia latae, and the left lumbar paraspinal muscles showed increased insertional activity and increased spontaneous activity. The right anterior tibialis on the right tensor fascia latae muscle also showed increased motor unit amplitude. Upon the impression, the study noted the patient has acute active left L5 (or L4) radiculopathy, chronic right L5 (or L4) radiculopathy. There is absent bilateral tibial H-reflex response suggestive of possible bilateral S1 radiculopathy; however, this is nonspecific. There is no electrodiagnostic evidence of generalized peripheral neuropathy seen in the lower extremity nerves tested as of this date. On 08/22/2013, the patient underwent a second electrodiagnostic study. On this test, the following muscles of the bilateral lower extremities were tested to include the innervated by L3 through S1 nerve roots; the vastus lateralis, vastus medialis, adductors, tibialis anterior, tibialis posterior, peroneus longus, extensor hallucis longus, medial gastrocnemius, lateral gastrocnemius, short head of biceps femoris, gluteus medius, and gluteus maximus, along with lumbar paraspinals. All tested muscle had normal insertional activities. All tested muscles remained silent at rest, without fibrillation potentials or positive sharp waves, or fasciculation potentials. The impressi

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG of the left lower extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC, Online Edition Chapter: Low Back EMGs (electromyography).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** Under California MTUS at ACOEM, it notes that EMG and H-reflex tests are used to clarify nerve root dysfunction and are recommended for the treatment of low back disorders; however, EMG for clinically obvious radiculopathy is not recommended. As noted in the documentation, the patient has already had 2 electrodiagnostic studies performed which have already noted the patient as having radiculopathy of the right lower extremity. There is nothing indicating the patient has had a significant change in his pathology to warrant another electrodiagnostic study at this time. Furthermore, the patient has already been diagnosed as having radiculopathy in relation to the dermatomal regions affected by his injuries. As such, the requested service for additional EMG of the left lower extremity is not medically necessary. As such, the requested service is non-certified.

**NCV of the right lower extremity:**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Nerve Conduction Studies (NCS).

**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 Chapter, Nerve conduction studies (NCS).

**Decision rationale:** Under Official Disability Guidelines, it states that nerve conduction studies are not recommended. There is a minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. It further states that this systematic review and Meta analysis demonstrates that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies 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. As such, the requested service for additional nerve conduction studies performed on this patient are not considered medically necessary considering the patient has already had 2 previous electrodiagnostic studies performed with no significant changes in his pathology to warrant another one at this time. As such, the requested service is non-certified.

**NCV left lower extremity: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Nerve Conduction Studies (NCS).

**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 Chapter, Nerve conduction studies (NCS).

**Decision rationale:** Under Official Disability Guidelines, it states that nerve conduction studies are not recommended. There is a minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. It further states that this systematic review and Meta analysis demonstrates that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies 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. As such, the requested service for additional nerve conduction studies performed on this patient are not considered medically necessary considering the patient has already had 2 previous electrodiagnostic studies performed with no significant changes in his pathology to warrant another one at this time. As such, the requested service is non-certified.

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