

<b>Case Number:</b>	CM13-0023447		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	11/10/2000
<b>Decision Date:</b>	02/18/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### 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 Emergency Medicine and is licensed to practice in New York and Tennessee. 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 56-year-old male with complaints of continuing pain to neck, back, bilateral upper and lower extremities. The injury occurred on November 10, 2000 when he stood up from being on his hands and knees and felt a pop in his right knee. Pain in his neck and back occurred over time as he overcompensated for not using his right knee. Physical exam included mildly decrease strength of the left extensor hallucis longus, decrease sensation bilaterally on the L4, L5, and S1 dermatomes, and hyporeflexia bilaterally to the patellar and Achilles tendons. The patient had undergone microlumbar decompression x 3, anterior lumbar spinal fusion, posterior lumbar spinal fusion, and spinal hardware removal. Treatment also included physical therapy, massage therapy, and medications. Diagnoses included cervical and lumbar radiculopathy. Requests for NCV/EMG of bilateral lower extremities and x-ray of the lumbar spine were submitted on July 26, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One NCV/EMG of bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Low back -Lumbar and Thoracic (Acute and Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back-Lumbar and Thoracic, Nerve Conduction Studies.

**Decision rationale:** The Physician Reviewer's decision rationale: Nerve conduction studies are not recommended for low back pain. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This systematic review and meta-analysis demonstrate 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 (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. EMG's (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. This patient had been diagnosed with lumbar radiculopathy. Medical necessity is not established.

**X-ray of the lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289-290,303.

**Decision rationale:** The Physician Reviewer's decision rationale: Lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. Red flags include trauma, history of tumor, signs of infection with spinal process tenderness, progressive numbness/weakness, and bowel or bladder dysfunction. Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures).