

<b>Case Number:</b>	CM13-0026731		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	03/23/2013
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 48-year-old male who reported an injury on 03/23/2013. The patient is currently diagnosed with lumbar spine strain, rule out discopathy. The patient was recently seen by [REDACTED] on 10/08/2013. The patient reported continuous low back pain with a throbbing sensation to the left lower extremity. Objective findings included positive tenderness to palpation with spasm and radicular pain. The patient also demonstrated positive straight leg raising. Treatment recommendations included an MRI, a prescription for Vicodin, and an EMG/NCV study.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG) right lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation ODG Low Back

**MAXIMUS 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, Electromyography.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state electromyography, including H-reflex tests may be used to identify subtle, focal, neurologic dysfunction in patients

with low back symptoms lasting more than 3 or 4 weeks. Official Disability Guidelines state electromyography is recommended as an option to obtain unequivocal evidence of radiculopathy, after 1 month of conservative therapy. EMGs are not necessary if radiculopathy is already clinically obvious. Nerve conduction studies are 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. As per the clinical notes submitted, there is no documentation of a failure to respond to previous conservative therapy for at least 1 month prior to the request for an EMG/NCV. The patient demonstrates positive straight leg raising and radicular pain on physical examination. The patient also complains of persistent lower back pain with a sharp, throbbing sensation traveling down the left lower extremity. As guidelines do not recommend electromyography and nerve conduction studies when radiculopathy is already clinically obvious, the current request cannot be determined as medically appropriate. Additionally, there is no indication of radicular symptoms with regard to the right lower extremity. Based on the clinical information received, the request is non-certified.

**nerve conduction velocity (NCV) right lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation ODG Low Back

**MAXIMUS 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, Nerve Conduction Study.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state electromyography, including H-reflex tests may be used to identify subtle, focal, neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. Official Disability Guidelines state electromyography is recommended as an option to obtain unequivocal evidence of radiculopathy, after 1 month of conservative therapy. EMGs are not necessary if radiculopathy is already clinically obvious. Nerve conduction studies are 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. As per the clinical notes submitted, there is no documentation of a failure to respond to previous conservative therapy for at least 1 month prior to the request for an EMG/NCV. The patient demonstrates positive straight leg raising and radicular pain on physical examination. The patient also complains of persistent lower back pain with a sharp, throbbing sensation traveling down the left lower extremity. As guidelines do not recommend electromyography or nerve conduction studies when radiculopathy is already clinically obvious, the current request cannot be determined as medically appropriate. Additionally, there is no indication of radicular symptoms with regard to the right lower extremity. Based on the clinical information received, the request is non-certified.

**Electromyography (EMG) left lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation ODG Low Back

**MAXIMUS 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, Electromyography

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state electromyography, including H-reflex tests may be used to identify subtle, focal, neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. Official Disability Guidelines state electromyography is recommended as an option to obtain unequivocal evidence of radiculopathy, after 1 month of conservative therapy. EMGs are not necessary if radiculopathy is already clinically obvious. Nerve conduction studies are 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. As per the clinical notes submitted, there is no documentation of a failure to response to previous conservative therapy for at least 1 month prior to the request for an EMG/NCV. The patient demonstrates positive straight leg raising and radicular pain on physical examination. The patient also complains of persistent lower back pain with a sharp, throbbing sensation traveling down the left lower extremity. As guidelines do not recommend electromyography and nerve conduction studies when radiculopathy is already clinically obvious, the current request cannot be determined as medically appropriate. Based on the clinical information received, the request is non-certified.

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