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| **Case Number:** | CM13-0030161 | | |
| **Date Assigned:** | 07/02/2014 | **Date of Injury:** | 08/18/2011 |
| **Decision Date:** | 08/14/2014 | **UR Denial Date:** | 09/19/2013 |
| **Priority:** | Standard | **Application Received:** | 09/26/2013 |

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 expert 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 27-year-old female with a reported date of injury on 08/18/2011. The mechanism of injury was noted to be continuous trauma. Her diagnoses were noted to include bilateral carpel tunnel syndrome and bilateral Guyon canal syndrome. Her previous treatments were noted to include physical therapy, surgery, and medications. The progress note dated 06/22/2013 revealed the injured worker complained of right hand soreness. The physical examination revealed bilateral hand healing satisfactorily. The progress note dated 08/14/2013 reported the injured worker complained of neck and low back pain as well as to her tailbone. The physical examination revealed no spasms of cervical, thoracic, or lumbar supraspinatus processes, no point tenderness over the cervical, thoracic, or lumbar supraspinatus processes, sacroiliac joint, or greater trochanter. The upper and lower extremities reflexes are intact and manual motor strength testing was rated 5/5. The provider reported the injured worker appeared to be neurologically intact in regard to her neck and low back, yet she complained of severe, unremitting neck and low back pain, particularly in her low back which prevented her from working. The unofficial lumbar MRI performed 11/08/2011 reported mild degenerative disc and facet joint disease at the L5-S1 level; no significant central canal stenosis or nerve root canal narrowing was reported or fracture. The nerve conduction study performed 09/22/2011 revealed mild left aural sensory mononeuropathy due to demyelination and mild right peroneal motor mononeuropathy due to demyelination. The electromyography and nerve conduction study performed 07/25/2013 resulted in a normal electrodiagnostic study. The electrodiagnostic study did reveal evidence of a mild axonal and demyelinating sensory/motor peripheral neuropathy affecting the left lower extremity, specifically the left superficial peroneal sensory nerve and left tibial motor nerve. The request for authorization form was not submitted within the medical records. The retrospective request for electromyogram of the left lower extremity, right lower

extremity, and nerve conduction velocity test of the left lower extremity and right lower extremity, date of service 07/25/2013, is due to radiating pain to the lower extremities with numbness/tingling and muscle weakness.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR ELECTROMYOGRAM (EMG) OF THE LEFT LOWER EXTREMITY, DATE OF SERVICE 07/25/2013:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The retrospective request for an electromyogram of the left lower extremity, date of service 07/25/2013 is not medically necessary. The injured worker had an electromyography noted to have evidence of a mild axonal and demyelinating sensory/motor peripheral neuropathy affecting the left lower extremity, specifically the left superficial peroneal sensory nerve and tibial motor nerve. CA MTUS/ACOEM Guidelines recommend electromyography including H-reflex test, because they may be useful to identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. The guidelines state electromyography can be used to identify and define low back pathology in regards to disc protrusion, cauda equina syndrome, spinal stenosis, and postlaminectomy syndrome. The referring physician indicated a necessity for an EMG/NCS due to radiating pain to the bilateral lower extremities with numbness/tingling and muscle weakness; however, there is a lack of documentation regarding clinical findings with significant pathology to warrant an EMG/NCS. Therefore, the request is not medically necessary.

**RETROSPECTIVE REQUEST FOR ELECTROMYOGRAM (EMG) OF THE RIGHT LOWER EXTREMITY, DATE OF SERVICE 07/25/2013:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The retrospective request for an electromyogram of the right lower extremity, date of service 07/25/2013 is not medically necessary. The injured worker had a electromyography noted to have evidence of a mild axonal and demyelinating sensory/motor peripheral neuropathy affecting the left lower extremity, specifically the left superficial peroneal sensory nerve and tibial motor nerve. CA MTUS/ACOEM Guidelines recommend electromyography including H-reflex test, because they may be useful to identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks.

The guidelines state electromyography can be used to identify and define low back pathology in regards to disc protrusion, cauda equina syndrome, spinal stenosis, and postlaminectomy syndrome. The referring physician indicated a necessity for an EMG/NCS due to radiating pain to the bilateral lower extremities with numbness/tingling and muscle weakness; however, there is a lack of documentation regarding clinical findings with significant pathology to warrant an EMG/NCS. Therefore, the request is not medically necessary.

**RETROSPECTIVE REQUEST FOR NERVE CONDUCTION VELOCITY (NCV) TEST OF THE LEFT LOWER EXTREMITY, DATE OF SERVICE 07/25/2013:** Upheld

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

**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, Nerve Conduction Studies.

**Decision rationale:** The retrospective request for nerve conduction velocity test of the left lower extremity, date of service 07/25/2013, is not medically necessary. The injured worker had a lack of documentation regarding radiculopathy symptoms. Official Disability Guidelines do not recommend nerve conduction studies. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. EMG(electromyography)/nerve conduction studies often have combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. The referring physician indicated the injured worker had a medical necessity for a NCS testing due to radiating pain to the bilateral lower extremities with numbness/tingling and muscle weakness; however, there is a lack of documentation regarding clinical pathology with specific neurological deficits to warrant a nerve conduction study test. Therefore, the request is not medically necessary.

**RETROSPECTIVE REQUEST FOR NERVE CONDUCTION VELOCITY (NCV) TEST OF THE RIGHT LOWER EXTREMITY, DATE OF SERVICE 07/25/2013:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** The retrospective request for nerve conduction velocity test of the right lower extremity, date of service 07/25/2013, is not medically necessary. The injured worker had a lack of documentation regarding radiculopathy symptoms. Official Disability Guidelines do not recommend nerve conduction studies. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy.

The systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. EMG/nerve conduction studies often have combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. The referring physician indicated the injured worker had a medical necessity for a NCS testing due to radiating pain to the bilateral lower extremities with numbness/tingling and muscle weakness; however, there is a lack of documentation regarding clinical pathology with specific neurological deficits to warrant a nerve conduction study test. Therefore, the request is not medically necessary.