

<b>Case Number:</b>	CM13-0031182		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	10/17/2012
<b>Decision Date:</b>	04/17/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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 Occupational 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 17, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; functional capacity testing; extensive periods of time off of work; unspecified amounts of physical therapy and acupuncture over the life of the claim; and MRI imaging of the lumbar spine of May 1, 2013, notable for multilevel low grade 2 to 3.9 mm disk bulges of uncertain clinical significance, including a 2-mm disk bulge at L4-L5 which mildly impresses upon the thecal sac. Degenerative arthrosis was also appreciated at L5-S1, again of uncertain clinical significance. In a clinical progress note of May 15, 2013, the applicant is described as having persistent low back pain complaints radiating down the right leg. 5/5 lower extremity strength with normal heel-to-toe ambulation were appreciated despite positive straight leg rising. The applicant's MRI was described as "not too impressive." Work restrictions were endorsed, although it did not appear that the applicant's employer was able to accommodate the restrictions in question. A progress note of July 12, 2013, it is stated that the applicant has "no significant past medical history." In a utilization review report of August 30, 2013, the claims administrator denied a request for electrodiagnostic testing of the bilateral lower extremities, using non-MTUS-ODG Guidelines, although the MTUS does address the topic. No clear rationale for the denial was provided. A later progress note interspersed throughout 2013 states that the applicant is considering epidural steroid injection therapy. On November 15, 2013, the applicant was again described as having persistent low back pain with associated leg pain and leg weakness. Positive straight leg rising was appreciated with normal heel-to-toe ambulation and 5/5 lower extremity strength. A TENS unit was sought. The applicant was apparently not working with limitations in place.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **ELECTROMYOGRAPHY OF THE BILATERAL LOWER EXTREMITIES FOR THE LUMBAR SPINE:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), ELECTROMYOGRAPHY (EMG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 12, 303, 309.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, needle EMG testing to clarify diagnosis of nerve root dysfunction is "recommended" in those applicants who failed to demonstrate any improvement after one month of treatment. In this case, the applicant has longstanding lumbar radicular complaints. Earlier lumbar MRI imaging was equivocal and failed to demonstrate a clear source for the applicant's ongoing radicular symptoms. EMG testing can therefore be recommended to identify subtle, focal neurologic dysfunction, as is suspected here, as noted on page 303 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.

### **NERVE CONDUCTION STUDY OF THE BILATERAL LOWER EXTREMITIES FOR THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), NERVE CONDUCTION STUDY (NCS)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** The MTUS does not address the topic of nerve conduction testing for issues related to the lumbar spine. As noted in the Third Edition ACOEM Guidelines, Low Back Chapter, Electromyography Section, nerve conduction testing is "recommended" when an MRI or CT is equivocal and there are ongoing pain complaints which raise questions about whether neurologic compromise in the form of a peripheral neuropathy may be evident. ACOEM further notes that nerve conduction studies are, however, usually normal in radiculopathy but can be employed to rule out other cause of lower limb symptoms such as generalized peripheral neuropathy which can mimic sciatica. In this case, however, there is no suspicion of a peripheral neuropathy. The applicant is a younger worker, aged 45. She has no significant past medical history. Specifically, she has no history of any systemic disease process such as diabetes or hypertension which might make a peripheral neuropathy more likely. Therefore, the request is not certified, on Independent Medical Review.

