

<b>Case Number:</b>	CM13-0032666		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	05/03/1984
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a male patient with a date of injury of May 3, 1984. A utilization review determination dated September 4, 2013 recommends non-certification of EMG (electromyography)/ NCV (nerve conduction velocity) of bilateral lower extremities. The progress report dated August 22, 2013 identifies a subjective complaint stating, "during the interval since his last visit he complains of pain in his lowback, L5 - S1, nerve root compression with sciatica that is affecting his right sciatica from the hip down to his right foot with cramping, numbing, and tingling in his foot". He has some decreased sensation and dysesthesia on the lateral aspect of his right calf and thigh. The patient had felt he would improve with physical therapy, which was requested and denied by his insurance company. He would like a specialist evaluation. At the moment his pain level is 9/10. His pain has gotten worse since his last visit. A physical examination identifies, "positive straight leg raise test on the right at 30° and on the left at 70°". The patient was tested while supine. Neurological testing reveals that there is some mild decreased sensation lateral aspect of the right thigh and calf grossly to light touch. There is no evidence of aberrant medication use. Assessment states, "chronic low back pain, permanent and stationary." The treatment plan states, "I am going to send a request for authorization for evaluation by a neurosurgeon, but the neurosurgeon will probably need studies, such as EMG/NCS and MRI of the lumbar spine; therefore I will send in a request for authorization for NCS/EMG of the lower extremities bilaterally first." A request for authorization dated October 11, 2013 states, "my request for electrophysiologic studies of the lower extremity was denied based on the fact that [REDACTED] has clinically obvious signs of radiculopathy. Just because it is clinically obvious does not mean that some reviewing physician would not require it to be tested for validity. However, i

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV of right lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies

**Decision rationale:** Regarding the request for electrodiagnostic testing, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. They go on to state that when the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained, before ordering an imaging study. ODG states that electromyography may be useful to obtain when there is equivocal evidence of radiculopathy after one month of conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. They go on to recommend that nerve conduction studies are not recommended for detecting disk herniation with suspected radiculopathy. Within the documentation available for review, it is clear that this is a very old injury. There is no identification as to when the most recent diagnostic studies (EMG/NCS or MRI) were performed. There is no documentation indicating how the patient's objective examination findings have worsened since the time of the most recent diagnostic evaluation. Additionally, the requesting physician feels that radiculopathy is already clinically obvious. Guidelines recommend against performing electrodiagnostic studies in a patient who has clinically obvious signs and symptoms of radiculopathy. As such, the currently requested electrodiagnostic testing is not medically necessary.

**EMG of left lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies

**Decision rationale:** Regarding the request for electrodiagnostic testing, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. They go on to state that when the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained, before ordering an imaging study. ODG states that electromyography may be useful to obtain when there is equivocal evidence of radiculopathy after one month of conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious.

They go on to recommend that nerve conduction studies are not recommended for detecting disk herniation with suspected radiculopathy. Within the documentation available for review, it is clear that this is a very old injury. There is no identification as to when the most recent diagnostic studies (EMG/NCS or MRI) were performed. There is no documentation indicating how the patient's objective examination findings have worsened since the time of the most recent diagnostic evaluation. Additionally, the requesting physician feels that radiculopathy is already clinically obvious. Guidelines recommend against performing electrodiagnostic studies in a patient who has clinically obvious signs and symptoms of radiculopathy. As such, the currently requested electrodiagnostic testing is not medically necessary.

**NCV of left lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies

**Decision rationale:** Regarding the request for electrodiagnostic testing, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. They go on to state that when the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained, before ordering an imaging study. ODG states that electromyography may be useful to obtain when there is equivocal evidence of radiculopathy after one month of conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. They go on to recommend that nerve conduction studies are not recommended for detecting disk herniation with suspected radiculopathy. Within the documentation available for review, it is clear that this is a very old injury. There is no identification as to when the most recent diagnostic studies (EMG/NCS or MRI) were performed. There is no documentation indicating how the patient's objective examination findings have worsened since the time of the most recent diagnostic evaluation. Additionally, the requesting physician feels that radiculopathy is already clinically obvious. Guidelines recommend against performing electrodiagnostic studies in a patient who has clinically obvious signs and symptoms of radiculopathy. As such, the currently requested electrodiagnostic testing is not medically necessary.

**EMG of right lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies

**Decision rationale:** Regarding the request for electrodiagnostic testing, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. They go on to state that when the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained, before ordering an imaging study. ODG states that electromyography may be useful to obtain when there is equivocal evidence of radiculopathy after one month of conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. They go on to recommend that nerve conduction studies are not recommended for detecting disk herniation with suspected radiculopathy. Within the documentation available for review, it is clear that this is a very old injury. There is no identification as to when the most recent diagnostic studies (EMG/NCS or MRI) were performed. There is no documentation indicating how the patient's objective examination findings have worsened since the time of the most recent diagnostic evaluation. Additionally, the requesting physician feels that radiculopathy is already clinically obvious. Guidelines recommend against performing electrodiagnostic studies in a patient who has clinically obvious signs and symptoms of radiculopathy. As such, the currently requested electrodiagnostic testing is not medically necessary.