

<b>Case Number:</b>	CM13-0041161		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	06/03/2010
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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 & Rehabilitation, 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:

According to the records made available for review, this is a 34-year-old male with a 6/3/10 date of injury. At the time (8/13/13) of request for authorization for EMG of the left lower extremity and NCS of the left lower extremity, there is documentation of subjective (increased low back pain with progressive neurologic deficit, giving way of the legs, and possible foot drop) and objective (tenderness to palpation from the mid to distal lumbar segments, pain with terminal motion, positive straight leg raise, and dysesthesia at the right L5 and S1 dermatomes) findings, current diagnoses (severe lumbar discopathy/radiculitis and herniated nucleus pulposus), and treatment to date (medications and lumbar epidural steroid injections). In addition, 8/13/13 medical report identifies a plan for updated diagnostic studies: EMG/NCV of the bilateral lower extremities, for possible surgical intervention. There is no documentation of evidence of LEFT-sided radiculopathy after 1-month of conservative therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **EMG OF THE 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 Official Disability Guidelines (ODG), Low Back.

**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, Electrodiagnostic Studies

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, ODG does not consistently support performing nerve conduction studies when a patient is presumed to have symptoms based on radiculopathy. Within the medical information available for review, there is documentation of diagnoses of severe lumbar discopathy/radiculitis and herniated nucleus pulposus. In addition, given documentaiton of subjective findings (increased low back pain with progressive neurologic deficit, giving way of the legs, and possible foot drop) and conservative treatment (medications and lumbar epidural steroid injections), there is documentaiton of right-sided focal neurologic dysfunction with low back symptoms lasting more than three to four weeks and failure of conservative treatment. However, despite documentation of objective findings (dysesthesia at the RIGHT L5 and S1 dermatomes), there is no documentation of evidence of LEFT-sided radiculopathy after 1-month of conservative therapy. Therefore, based on guidelines and a review of the evidence, the request for EMG of the left lower extremity is not medically necessary.

**NCS OF THE LEFT LOWER EXTREMITY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Nerve Conduction Studies (NCS).

**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, Electrodiagnostic Studies.

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, ODG does not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the medical information available for review, there is documentation of diagnoses of severe lumbar discopathy/radiculitis and herniated nucleus pulposus. In addition, given documentaiton of subjective findings (increased low back pain with progressive neurologic deficit, giving way of the legs, and possible foot drop) and conservative treatment (medications and lumbar epidural steroid injections), there is documentaiton of right-sided focal neurologic dysfunction with low back symptoms lasting more than three to four weeks and failure of conservative treatment. However, despite documentation of objective findings (dysesthesia at the RIGHT L5 and S1 dermatomes), there is no

documentation of evidence of LEFT-sided radiculopathy after 1-month of conservative therapy. Therefore, based on guidelines and a review of the evidence, the request for NCS of the left lower extremity is not medically necessary.