

<b>Case Number:</b>	CM13-0042531		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/27/2008
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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 Family Medicine and is licensed to practice in Arizona. 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 patient is a 46-year-old female with a date of injury on 3/27/2008. Diagnoses include lumbosacral degeneration, and left ankle sprain/strain. Subjective complaints are of low back and left ankle pain. Physical exam shows low back pain and radiation to left leg, positive left straight leg raise, and reduced range of motion in lumbar spine. MRI in 2010 showed a 2 mm L5-S1 diffuse disc bulge with a central annular tear impressing on the thecal sac with mild bilateral foraminal narrowing. Lumbar MRI on 2/16/13 showed a 3.8 broad-based disc protrusion abutting the anterior thecal sac L-R at L5-S1 with a small annular tear and no facet arthropathy. MRI of ankle and foot showed tenosynovitis. Treatment has included naproxyn sodium and 12 sessions of physical therapy without improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **DECISION FOR ELECTROMYOGRAPHY AND NERVE CONDUCTION (OUTPATIENT): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Low Back Disorders, page(s) 333-796..

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back: EMGs [electromyography]; Nerve Conduction Studies.

**Decision rationale:** ACOEM guidelines state that MRI is superior to electromyography (EMG) in determining causes of radiculopathy; examples include spinal stenosis or disc protrusion. The latter has already been shown by MRI in this case. The ODG reports that needle EMG may be useful to obtain unequivocal evidence of radiculopathy after 1-month conservative therapy, but that EMG's are not necessary if radiculopathy is already clinically obvious. The ODG also does not recommend nerve conduction velocity testing, and in fact questions the use of both studies, stating that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. In this patient, MRI already demonstrates pathology. Clinical evidence of radiculopathy has been demonstrated. There is also, no clinical evidence of other neurologic findings or peripheral nerve entrapment reported on lower extremity examination or imaging. Therefore this request is not medically necessary and appropriate.