

<b>Case Number:</b>	CM13-0049843		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/10/2012
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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 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 39 year-old patient sustained an injury on 9/10/12 while employed by [REDACTED]. Request under consideration include EMG/NCS. MRI of the lumbar spine documented broad-based left paracentral/ foraminal disc extrusion at L4-L5 extending superiorly resulting in moderate left neural foraminal narrowing; central disc protrusion at L5-S1 without significant neural compression. EMG/NCV dated 3/11/13 documented mild focal median neuropathy at the wrists (bilateral CTS). Report of 8/28/13 from [REDACTED] noted patient complained of low back pain radiating to both lower extremities with weakness and numbness in left buttock, leg and thigh. Valsalva maneuver caused back and leg pain. Medications list Gabapentin, Norco, and albuterol. Past history includes asthma. Exam showed range in all planes 25% of normal; 4/5 on left EHL; sensation decreased in L4-5 dermatomal distribution in left; otherwise normal proximally; and DTR 1+ at knee and ankle. Diagnoses include lumbar disc herniation; acute sciatica; herniated disc L2-3 extruded; lumbosacral radiculopathy; lumbosacral spondylosis without myelopathy; and adverse effect of unspecified drug medicinal and biological substance. The patient had completed 6 of 12 prescribed physical therapies. Treatment plan included epidural steroid injection and EMG/NCV with refill of Gabapentin and Norco. The ESI at L4-5 and L5-S1 were certified; however, treatment request for EMG/NCS was non-certified on 10/17/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** This 39 year-old patient sustained an injury on 9/10/12 while employed by [REDACTED]. Request under consideration include EMG/NCS. MRI of the lumbar spine documented broad-based left paracentral/ foraminal disc extrusion at L4-L5 extending superiorly resulting in mild canal narrowing, mild left lateral recess narrowing and moderate left neural foraminal narrowing; central disc protrusion at L5-S1 without significant neural compression. Report of 8/28/13 from [REDACTED] noted patient complained of low back pain radiating to both lower extremities with weakness and numbness in left buttock, leg and thigh. Exam findings had decreased range of motion, decreased motor strength, sensation decreased in L4-5 dermatomal distribution in left, and DTR 1+ at knee and ankle. Diagnoses include lumbar disc herniation; acute sciatica; herniated disc L2-3 extruded; lumbosacral radiculopathy; lumbosacral spondylosis without myelopathy; and adverse effect of unspecified drug medicinal and biological substance. The ESI at L4-5 and L5-S1 were certified. Per Guidelines, NCS is not recommended as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) Additionally, "Electrodiagnostic studies which must include needle EMG is recommended where a CT or MRI is equivocal and there are ongoing pain complaints that raise questions about whether there may be a neurological compromise that may be identifiable (i.e., leg symptoms consistent with radiculopathy, spinal stenosis, peripheral neuropathy, etc.)." However, the patient already had an MRI of the lumbar spine showing disc extrusion resulting in canal and neural foraminal narrowing for nerve compromise along with clinical neurological deficits consistent with lumbar radiculopathy to support for the planned certified epidural steroid injections of L4-5 and L5-S1, negating any medical necessity for diagnostic EMG. The EMG/NCS is not medically necessary and appropriate.