

<b>Case Number:</b>	CM13-0050950		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/29/2011
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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 Practice, and is licensed to practice in Texas. 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 injured worker is a 40-year-old male who reported an injury on 05/23/2011. The mechanism of injury was not stated. Current diagnosis is status post posterior lumbar interbody fusion at L4-5. The injured worker was evaluated on 06/28/2013. The injured worker reported increasing right lower extremity weakness and pain. Physical examination revealed 2+ lumbar paraspinous muscle spasm, tenderness to palpation, equal and symmetric deep tendon reflexes, 5/5 motor strength in bilateral lower extremities, positive straight leg raising on the right, and decreased sensation to light touch and pinprick in the L5 dermatome on the right. Treatment recommendations included a neurology evaluation and an EMG of bilateral lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **EMG/NCV OF THE RIGHT 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).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The Low Back Complaints Chapter of the ACOEM Practice Guidelines state electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. Official Disability Guidelines state nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. According to the documentation submitted, the injured worker is status post posterior lumbar interbody fusion at L4-5. The injured worker does demonstrate positive straight leg raising on the right with decreased sensation in the L5 dermatome. However, guidelines do not recommend nerve conduction studies for the lower extremities. The request for an EMG of the right lower extremities is not medically necessary or appropriate.

**EMG/NCV 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 The Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM) 2ND EDITION (2004), , 303-305

**Decision rationale:** The Low Back Complaints Chapter of the ACOEM Practice Guidelines state electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. Official Disability Guidelines state nerve conduction studies are not recommended. According to the documentation submitted, the injured worker reported increasing right lower extremity pain and weakness. The injured worker does demonstrate positive straight leg raising with decreased sensation on the right. However, there is no evidence of a neurological deficit with regard to the left lower extremity. Therefore, the medical necessity has not been established. The request for an NCV of the left lower extremities is not medically necessary or appropriate.

**AN NCV OF THE RIGHT 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).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

**Decision rationale:** The Low Back Complaints Chapter of the ACOEM Practice Guidelines state electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. Official Disability Guidelines state nerve conduction studies are not recommended. According to the documentation submitted, the injured worker reported increasing right lower extremity pain and weakness. The injured worker does demonstrate positive straight leg raising with decreased sensation on the right.

However, there is no evidence of a neurological deficit with regard to the left lower extremity. Therefore, the medical necessity has not been established. The request for an NCV of the right lower extremities is not medically necessary or appropriate.

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

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**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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