

<b>Case Number:</b>	CM13-0052371		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/01/2011
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 52 year old male with date of injury 10/1/11. The treating physician report dated 10/11/13 indicates that the patient presents with pain affecting the lumbar spine with radiation down the right leg. Operative report dated 8/24/13 for right L5/S1 discectomy states there were no complications. An MRI of the lumbar spine dated 5/20/13 indicates post-operative changes from right L5 hemi-laminectomy; mild disc bulge and facet hypertrophy may contribute to mild degree of right sided neural foraminal stenosis at L5/S1. Examination findings reveal lumbar flexion to 30 degrees, extension limited to 2 degrees, patient cannot walk on heels and toes, right lower extremity muscle testing shows 3-4/5 muscle strength. The current diagnoses are: Right L5/S1 lumbar radiculopathy, and Failed low back syndrome. The utilization review report dated 10/18/13 did not grant the request for EMG/NCV of the right lower extremity based on 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/NCV OF THE RIGHT LOWER EXTREMITY:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG), ODG lumbar chapter EMGs (electromyography).

**Decision rationale:** The patient presents with continued low back and right lower extremity pain 2 months post L5/S1 discectomy. The current request is for EMG/NCV of the right lower extremity. The treating physician report dated 10/11/13 states that it will request a right lower extremity EMG/NCV to evaluate for active vs. chronic lumbar radiculopathy. The MTUS guidelines do not address electrodiagnostic studies. The Official Disability Guidelines for EMG states, recommended as an option (needle, not surface). The provider in this case has documented decreased ranges of motion, decreased muscle strength and normal reflexes. The Official Disability Guidelines state, EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. In this case the treating physician has requested EMG/NCV testing to clarify active vs. chronic radiculopathy. There is nothing in the records provided to indicate that the patient has previously had lower extremity EMG/NCV testing. The Official Disability Guidelines states, EDX testing should be medically indicated to rule out radiculopathy, lumbar plexopathy, and peripheral neuropathy. The provider has documented complaints of right leg pain following surgery and has requested EMG/NCV of the right lower extremity, which is supported by Official Disability Guidelines. Therefore, the request is medically necessary.