

<b>Case Number:</b>	CM13-0052771		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/01/2013
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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 Occupational Medicine, 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 applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; Magnetic resonance imaging (MRI) imaging of the lumbar spine of August 22, 2013, notable for a large 12-mm disk herniation at L4-L5 with associated severe central canal stenosis; unspecified amounts of physical therapy; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of October 29, 2013, the claims administrator apparently denied a request for electrodiagnostic testing of the lower extremities. The claims administrator stated that American College of Occupational and Environmental Medicine (ACOEM) was employed but did not cite or summarize the guideline in its decision. The applicant's attorney subsequently appealed. In a clinical progress note of October 15, 2013, the applicant was described as having ongoing complaints of low back pain radiating to the legs. The applicant was limping about the right leg and had numbness about the bilateral legs, right greater than left. The applicant was described as having no significant past medical history and no significant past surgical history. The applicant had a traumatic limp and an antalgic gait on exam. Diminished sensorium is noted about the legs with weakness appreciated about the right leg. Electrodiagnostic testing was sought, along with epidural steroid injection therapy, Nucynta, Soma, and a TENS unit. The applicant is placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ELECTROMYOGRAPHY OF THE BILATERAL LOWER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** As noted in the California Medical Treatment Utilization Schedule (MTUS) adopted American College of Occupational and Environmental Medicine (ACOEM) Guidelines in Chapter 12, Table 12-8, and page 309, Electromyography (EMG) testing for a diagnosis of clinically obvious radiculopathy is "not recommended." In this case, the applicant in fact has a clinically evident, radiographically-confirmed lumbar radiculopathy with a large, 12-mm disk herniation appreciated at L4-L5. This large disk herniation with severe central canal stenosis thus in fact account for the applicant's ongoing radicular complaints. Electromyography (EMG) testing is superfluous as the diagnosis of radiculopathy has already been definitively established. Therefore, the request is not certified, on Independent Medical Review.

**NERVE CONDUCTION STUDIES OF THE BILATERAL LOWER EXTREMITIES:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** As noted on Third Edition American College of Occupational and Environmental Medicine (ACOEM) Guidelines, Low Back Chapter, nerve conduction testing can be employed to search for a cause of lower limb symptoms which can mimic sciatica, such as generalized peripheral neuropathy. In this case, however, as noted previously, the applicant already has a diagnosis of clinically evident, radiographically-confirmed lumbar radiculopathy secondary to a large herniated disk at L4-L5. Searching for another source of symptoms is not indicated as the diagnosis of lumbar radiculopathy is already evident. It is further noted that the October 15, 2013 progress note referenced above notes that the applicant does not have any significant past medical history. Thus, the applicant does not have systemic disease process such as diabetes or hypertension which could predispose the applicant toward development of peripheral neuropathy. Accordingly, the request for nerve conduction testing of the bilateral lower extremities is not certified, for all of the stated reasons.