

<b>Case Number:</b>	CM13-0056228		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/27/2012
<b>Decision Date:</b>	03/19/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 Internal Medicine, and is licensed to practice in Florida. 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 patient is a 55-year-old with a date of injury of 06/27/12. A progress report associated with the request for services, dated 10/23/13, identified subjective complaints of low back pain radiating into the right leg with numbness and weakness. Objective findings included tenderness of the lumbar spine with decreased range-of-motion. The patient could not walk on heels or toes. MRI is reported to show herniated discs at L4-5 and L5-S1. Diagnoses included lumbar disc disease with radiculitis. Treatment has included chiropractic, physical therapy, and epidural steroid injections as well as oral medications. A Utilization Review determination was rendered on 10/31/13 recommending non-certification of "EMG (Electromyogram) right lower extremity; EMG left lower extremity; NVC (nerve conduction velocity exam) right lower extremity; NVC left lower extremity".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG (electromyogram) of the right lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 308-310.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309.

**Decision rationale:** The Physician Reviewer's decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that for clinically obvious radiculopathy, electromyography (EMG) is not recommended. They note that an EMG may be indicated when the neurological exam is less clear before ordering imaging studies. There is no documentation that the physical examination is unclear or that imaging studies are contemplated. In this case, the patient exhibits clear signs and symptoms of a radiculopathy. The patient's diagnosis includes radiculitis. Likewise, there is no mention that imaging studies are contemplated as an MRI has already been performed. The request for an EMG of the right lower extremity is not medically necessary or appropriate.

**NCV (nerve conduction velocity exam) of the right lower extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Nerve Conduction Studies Section.

**Decision rationale:** The Medical Utilization Treatment Schedule (MTUS) does not address nerve conduction studies with low back injury. The Official Disability Guidelines (ODG) state that 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." There is no documentation of the necessity to further define a radiculopathy. In this case, the patient's signs and symptoms are compatible with a radiculopathy. The request for an NCV of the right lower extremity is not medically necessary or appropriate.

**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 Official Disability Guidelines (ODG) Low Back Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Nerve Conduction Studies Section

**Decision rationale:** The Medical Utilization Treatment Schedule (MTUS) does not address nerve conduction studies with low back injury. The Official Disability Guidelines (ODG) state that 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." There is no documentation of the necessity to further define a radiculopathy. In this case, the patient's signs and symptoms are compatible with a radiculopathy. The request for an NCV of the left lower extremity is not medically necessary or appropriate.

**EMG of the left lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 308-310.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) states that for clinically obvious radiculopathy, electromyography (EMG) is not recommended. They note that an EMG may be indicated when the neurological exam is less clear before ordering imaging studies. There is no documentation that the physical examination is unclear or that imaging studies are contemplated. In this case, the patient exhibits clear signs and symptoms of a radiculopathy. The Patient's diagnosis includes radiculitis. Likewise, there is no mention that imaging studies are contemplated as an MRI has already been performed. The request for an EMG of the left lower extremity is not medically necessary or appropriate.