

<b>Case Number:</b>	CM13-0057377		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/01/2010
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 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 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:

The patient is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 1, 2010. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; a lumbar support; x-rays of the lumbar spine on November 22, 2013, interpreted as negative for any fractures; CT scan of the lumbar spine on November 22, 2013, notable for moderate-to-severe canal stenosis at L4-L5 and a 3 to 4 mm posterior disc bulge generating moderate-to-severe bilateral neural foraminal narrowing at L5-S1 superimposed on congenital stenosis of the thecal sac; and psychological consult to treat derivative depression. In a utilization review report of November 7, 2013, the claims administrator denied a request for electrodiagnostic testing of the lower extremities. Non-MTUS American Medical Association (AMA) Guidelines and non-MTUS Third Edition ACOEM Guidelines were seemingly cited as the basis for the denial. The claims administrator took the position that both the AMA and updated ACOEM Guidelines give precedence to imaging studies over electrodiagnostic testing. The applicant's attorney subsequently appealed. A clinical progress note of October 18, 2013 is notable for comments that the patient reports low back pain radiating into the bilateral lower extremities. The patient exhibited mild scoliosis about the lumbar spine, slightly abnormal gait with abnormal heel and toe ambulation, and paraspinal tenderness. Lumbar range of motion was limited. The patient did exhibit symmetric reflexes and intact sensorium. Electrodiagnostic testing and physical therapy was sought, along with topical compounds and a pain management consultation to consider epidural steroid injection therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG 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): 12-8 309.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, EMG testing for a clinically obvious radiculopathy is "not recommended." In this case, the applicant has a clinically evident, radio graphically confirmed radiculopathy without evidence of multilevel neural foraminal stenosis at both L4-L5 and L5-S1. The applicant is in the process of pursuing epidural steroid injections to try and ameliorate the same. Thus, electrodiagnostic testing is superfluous as the applicant's diagnosis of lumbar radiculopathy has already been convincingly and compellingly established, both clinically and radio graphically. Therefore, the request is not certified, on independent medical review.

**NCV bilateral lower extremities:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Electromyography and Nerve Conduction Testing Topic

**Decision rationale:** The MTUS does not address the topic of nerve conduction testing of the lower extremities. However, as noted in the Third Edition ACOEM Guidelines on chronic pain, nerve conduction studies are recommended when there is suspicion of a peripheral systemic neuropathy or entrapment neuropathy that has not responded to conservative measures. In this case, however, there is no clearly voiced suspicion of peripheral neuropathy or systemic neuropathy or a systemic disease process such as diabetes or hypertension which might give rise to a peripheral neuropathy or other systemic entrapment neuropathy for which nerve conduction testing would be indicated. As noted by the attending provider, the applicant already has a diagnosis of clinically evident, radio graphically confirmed lumbar radiculopathy. There is no evidence that the applicant is diabetic or hypertensive. Therefore, the request for nerve conduction testing is not certified, on independent medical review.