

<b>Case Number:</b>	CM13-0062186		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/19/2012
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 19, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; psychological counseling; and work restrictions. In a utilization review report of November 26, 2013, the claims administrator denied a request for electrodiagnostic testing of the lower extremities, noting that the applicant had had a prior lumbar MRI on January 24, 2013, demonstrating moderate-to-severe left-sided L5-S1 neural foraminal narrowing. The applicant's attorney appealed the denial. An earlier note of November 9, 2013 is notable for comments that the applicant has consulted a spine surgeon. The applicant would like to avoid spine surgery. The applicant has worsening depressive symptoms. The applicant is also having sexual dysfunction and diminished sex drive, it is stated. The applicant is presently on Flexeril, Relafen, and Topamax. Electrodiagnostic testing of the bilateral lower extremities is sought, while the applicant's medications are refilled. It is stated that the applicant should obtain orthotics. The applicant is not working at this time as modified duty work is not available. The lumbar MRI report of January 24, 2013 is reviewed and notable for moderate-to-severe left-sided L5-S1 neural foraminal narrowing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG TESTING OF THE BILATERAL LOWER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

**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 does in fact have a clinically evident, radiographically confirmed lumbar radiculopathy with evidence of moderate-to-severe neural foraminal narrowing at L5-S1. EMG testing is superfluous as the diagnosis in question has already been definitively established. Therefore, the request is not certified, on independent medical review

**NCV TESTING OF THE BILATERAL LOWER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004)

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

**Decision rationale:** The MTUS does not address the topic of electrodiagnostic testing involving the lower extremities. While the updated Third Edition ACOEM Guidelines do endorse NCS testing of the lower extremities in those individuals in whom a diagnosis such as generalized peripheral neuropathy or fibular compression neuropathy is suspected, in this case, however, there is no clearly voiced suspicion of a peripheral neuropathy present here. The applicant does not seemingly carry a diagnosis or disease process which would lend itself toward development of lower extremity peripheral neuropathy, such as diabetes, for instance, based on the submitted documentation. Again, the diagnosis of lumbar radiculopathy has already been seemingly established on the strength of lumbar MRI imaging. NCS testing to search for another possible cause of lower leg symptoms is not indicated, consequently. Therefore, the request remains not certified, on independent medical review.