

<b>Case Number:</b>	CM13-0066218		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/12/2012
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Physical Medicine & Rehabilitation, 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 [REDACTED] employee who has filed a claim for low back pain radiating to the left lower extremity with numbness and tingling associated with an industrial injury of October 12, 2012. Thus far, the patient has been treated with back bracing, injections to the low back, physical therapy, chiropractic therapy; patient is currently on NSAIDs and a muscle relaxant. An MRI of the low back in February 01, 2013 showed marked degenerative changes of the lumbosacral structures. An MRI of the hips in December 03, 2013 was unremarkable. Patient is currently working and performing the usual duties. The October 29, 2013 progress note described constant, sharp back pain and numbness and tingling of the left leg aggravated by activity. Physical exam demonstrated a slight limp on the right leg upon ambulation, decreased reflexes on the left lower extremity more than the right, hypoesthesia at the anterolateral aspect of the ankle bilaterally, and motor weakness in the bilateral lower extremities, left more than right. A nerve conduction study from November 21, 2013 did not reveal any abnormalities in the bilateral lower extremities. In a utilization review report of November 25, 2013, the claims administrator denied a request for electromyography/nerve conduction studies (EMG/NCS) for both lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCS FOR RIGHT LOWER EXTREMITY:** 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): 303.

**Decision rationale:** As noted on page 303 of the MTUS ACOEM Guidelines, the criteria for EMG/NCV of the lower extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. EMG is indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, the ODG guidelines indicate that NCVs are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. In this case, the employee complains of radicular symptoms, with a corresponding nerve distribution of motor and sensory deficits in both lower extremities. There is documentation of failure of conservative management including NSAID therapy, TCA and epidural steroid injection. However, a nerve conduction study had been previously done showing no abnormal findings for the bilateral lower extremities. A request for NCS is not medically necessary. Therefore, the request for NCS for the right lower extremities is not medically necessary because the guideline recommendations of MTUS and ODG were not met.

**EMG OF LEFT LOWER EXTREMITY:** Overturned

**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): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Low Back, EMGs, Nerve conduction studies

**Decision rationale:** As noted on page 303 of the MTUS ACOEM Guidelines, the criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. EMG is indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, the ODG guidelines indicate that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. In this case, the employee complains of radicular symptoms, with a corresponding nerve distribution of motor and sensory deficits in both lower extremities. There is documentation of failure of conservative management including NSAID therapy, TCA and epidural steroid injection. An EMG is considered medically necessary, given prolonged persistence of symptoms that are recalcitrant to attempts at conservative care. Therefore, the request for EMG of the left lower extremity is medically necessary.

**NCS OF LEFT LOWER EXTREMITY:** 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): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Low Back, EMGs, Nerve conduction studies.

**Decision rationale:** As noted on page 303 of the MTUS ACOEM Guidelines, the criteria for EMG/NCV of the lower extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. In addition, the ODG guidelines indicate that NCVs are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. In this case, the employee complains of radicular symptoms, with a corresponding nerve distribution of motor and sensory deficits in both lower extremities. There is documentation of failure of conservative management including NSAID therapy, TCA and epidural steroid injection. However, a nerve conduction study had been previously done showing no abnormal findings for the bilateral lower extremities. Therefore, the request for NCS of the left lower extremities is not medically necessary because the guideline recommendations of MTUS and ODG were not met.

**EMG FOR RIGHT LOWER EXTREMITY:** Overturned

**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): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Low Back, EMGs, Nerve conduction studies

**Decision rationale:** As noted on page 303 of the MTUS ACOEM Guidelines, the criteria for EMG/NCV of the lower extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. EMG is indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, the ODG guidelines indicate that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. In this case, the employee complains of radicular symptoms, with a corresponding nerve distribution of motor and sensory deficits in both lower extremities. There is documentation of failure of conservative management including NSAID therapy, TCA and epidural steroid injection. An EMG is considered medically necessary, given prolonged persistence of symptoms that are recalcitrant to attempts at conservative care. Therefore, the request for EMG of the right lower extremity is medically necessary.