

<b>Case Number:</b>	CM13-0066333		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/28/2013
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	12/02/2013
<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 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:

According to the records made available for review, this is a 48-year-old male with a 2/28/13 date of injury. At the time of request for authorization for electromyogram (EMG) of the left lower extremity, nerve conduction studies (NCV) of the left lower extremities, nerve conduction studies (NCV) of the right lower extremities, and electromyogram (EMG) of the right lower extremity, there is documentation of subjective (low back pain which radiates down the lower extremities with numbness and tingling in both legs and toes) and objective (paralumbal tenderness, decreased reflexes in the knees and ankles, decreased sensation in the L3-4 distribution, and motor weakness in the lower extremities) findings, current diagnoses (L-4 disc herniation with left sided radiculopathy), and treatment to date (activity modification, chiropractic treatment, and medications).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyogram (EMG) of the left lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Electromyography (EMGs)

**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), Low Back Chapter, Electromyography

**Decision rationale:** The MTUS reference to ACOEM support the use of electromyography (EMG), including H-reflex tests, to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. The ODG indicates that electrodiagnostic studies are recommended (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Nerve conduction studies (NCS) are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. Within the medical information available for review, there is documentation of L-4 disc herniation with left sided radiculopathy. In addition, there is documentation of subjective (low back pain which radiates down the lower extremities with numbness and tingling in both legs and toes) and objective (decreased reflexes in the knees and ankles, decreased sensation in the L3-4 distribution, and motor weakness in the lower extremities) findings consistent with radiculopathy that has not responded to conservative treatment (activity modification, chiropractic treatment, and medications). However, given documentation of subjective and objective findings consistent with radiculopathy, there is documentation of radiculopathy that is already clinically obvious. Therefore, based on guidelines and a review of the evidence, the request for electromyogram (EMG) of the left lower extremity is not medically necessary.

**Nerve Conduction Studies (NCV) of the left lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Electromyography (EMGs)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG) Low Back Chapter, Electromyography

**Decision rationale:** The MTUS reference to ACOEM support the use of electromyography (EMG), including H-reflex tests, to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. The ODG states that electrodiagnostic studies are recommended (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Nerve conduction studies (NCS) are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. Within the medical information available for review, there is documentation of L-4 disc herniation with left sided radiculopathy. In addition, there is documentation of subjective (low back pain which radiates down the lower extremities with numbness and tingling in both legs and toes) and objective (decreased reflexes in the knees and ankles, decreased sensation in the L3-4 distribution, and motor weakness in the lower extremities) findings consistent with radiculopathy that has not responded to conservative

treatment (activity modification, chiropractic treatment, and medications). However, given documentation of subjective and objective findings consistent with radiculopathy, there is documentation of radiculopathy that is already clinically obvious. Therefore, based on guidelines and a review of the evidence, the request for nerve conduction studies (NCV) of the left lower extremities is not medically necessary.

**Nerve Conduction Studies (NCV) of the right lower extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Electromyography (EMGs)

**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), Low Back Chapter, Electromyography

**Decision rationale:** The MTUS reference to ACOEM support the use of electromyography (EMG), including H-reflex tests, to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. The ODG states that electrodiagnostic studies are recommended (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Nerve conduction studies (NCS) are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. Within the medical information available for review, there is documentation of L-4 disc herniation with left sided radiculopathy. In addition, there is documentation of subjective (low back pain which radiates down the lower extremities with numbness and tingling in both legs and toes) and objective (decreased reflexes in the knees and ankles, decreased sensation in the L3-4 distribution, and motor weakness in the lower extremities) findings consistent with radiculopathy that has not responded to conservative treatment (activity modification, chiropractic treatment, and medications). However, given documentation of subjective and objective findings consistent with radiculopathy, there is documentation of radiculopathy that is already clinically obvious. Therefore, based on guidelines and a review of the evidence, the request for nerve conduction studies (NCV) of the right lower extremities is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Electromyography (EMGs)

**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), Low Back Chapter, Electromyography

**Decision rationale:** The MTUS reference to ACOEM support the use of electromyography (EMG), including H-reflex tests, to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. The ODG states that electrodiagnostic studies are recommended (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Nerve conduction studies (NCS) are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. Within the medical information available for review, there is documentation of L-4 disc herniation with left sided radiculopathy. In addition, there is documentation of subjective (low back pain which radiates down the lower extremities with numbness and tingling in both legs and toes) and objective (decreased reflexes in the knees and ankles, decreased sensation in the L3-4 distribution, and motor weakness in the lower extremities) findings consistent with radiculopathy that has not responded to conservative treatment (activity modification, chiropractic treatment, and medications). However, given documentation of subjective and objective findings consistent with radiculopathy, there is documentation of radiculopathy that is already clinically obvious. Therefore, based on guidelines and a review of the evidence, the request for electromyogram (EMG) of the right lower extremity is not medically necessary.