

<b>Case Number:</b>	CM14-0004033		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	06/13/2013
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and 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 expert 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 injured worker is a 23-year-old male who reported an injury on 06/13/2013 who had an industrial work injury. On 10/28/2013 the injured worker underwent an MRI of the lumbar spine and it revealed mild disc desiccation with 6X11 mm right sided disc extrusion noted at L4-L5 level. There was small fluid collection which could represent hematoma. Disc desiccation with a 2-mm central disc protrusion noted at the L5-S1 level without thecal sac or nerve root compression. On 01/17/2014 injured worker complained of low back pain and right leg radicular pain. On 01/17/2014 the injured worker had diffuse lower lumbar spinal tenderness and spasm. There was limited range and motion with bending of 20 degrees, extension 10 degrees and rotation was 20 degrees. The injured worker had a positive straight leg test at the right 45 degrees and a positive contralateral straight leg raise was 60 degrees. He had 5/5 hip flexion, 4/5 tibialis anterior, 3/5 extensor hallucis longus on the right with 5/5 gastroc soleus on the right. On the left was diminished light to touch to the lateral right thigh, calf and lateral ankle. He had slow antalgic gait and limps. It was noted the injured worker attended 9 sessions of physical therapy with no significant improvement. It was noted the injured worker was positive for foot drop on the right. The injured worker medication included 800 Motrin. The injured worker diagnoses includes L4-L5 lumbar disc herniation with extrusion and right lower extremity radicular pain. The treatment plan included a decision for Electromyography on the left and right lower extremity and a Nerve Conduction Velocity on the right and left lower extremity. The authorization for request was submitted on 02/07/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ELECTROMYOGRAPHY (EMG) LEFT LOWER EXTREMITY/ EMG RIGHT LOWER EXTREMITY:** Upheld

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

**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.

**Decision rationale:** The authorization for request for the Electromyography on the left and right lower extremities is non- certified. ACEOM does not recommend Electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The Official Disability Guidelines recommends Electromyography as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. It was documented on 01/17/2014 the injured worker complains of low back pain and right leg radicular pain. The injured worker diagnoses includes L4-L5 lumbar disc herniation with extrusion and right lower extremity radicular pain. In addition the injured worker has documented evidence per the physical examination done on 01/17/2014 indicating radiculopathy. Given the above, the request for request for the Electromyography on the left and right lower extremities is non- certified.

**NERVE CONDUCTION VELOCITY (NCV) RIGHT LOWER EXTREMITY/ NCV 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): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, EMG.

**Decision rationale:** The authorization for request for Nerve conduction Velocity on the right and left lower extremity is non-certified. The Official Disability Guidelines does not recommend NCV studies as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury and there is limited evidence to support the use of often uncomfortable and costly. On 01/17/2014 the injured worker diagnoses includes L4-L5 lumbar disc herniation with extrusion and right lower extremity radicular pain. In addition, the injured worker has documented evidence per the physical examination done on

01/17/2014 indicating radiculopathy. Given the above the request for Nerve conduction Velocity on the right and left lower extremity is non-certified.