

<b>Case Number:</b>	CM14-0006036		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	05/22/2012
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 30-year-old male with a date of injury of 05/22/2013. The listed diagnoses per [REDACTED] are: 1. Lower back pain. 2. L5-S1 disk bulge. 3. Stress, depression, and anxiety. 4. Sleep issues. 5. Weight gain. According to the 10/17/2013 progress report by [REDACTED], the patient continues with low back pain. The patient reports headache and weight gain as well. Examination revealed gait was antalgic and patient moves with stiffness. There was tenderness noted at the lumbar sacral area. Straight leg raise was positive. Range of motion is flexion at 95 degrees, extension at 15 degrees, side bending right 15 degrees and left 20 degrees. On 11/19/2013, symptoms were noted as unchanged and physical examination was the same as last visit. The patient was diagnosed with low back pain, L5-S1 disk bulge. Treater reports, "AME report 08-19-13 states PT needs MRI, EMG and injections will request EMG." The AME report from 08/19/2013 was not provided for my review. Although the progress report from 11/19/2013 states, "Will request EMG." The request reviewed by Utilization review 12/09/2013 is for EMG right lower extremity, NCS right lower extremity, EMG left lower extremity, and NCS left lower extremity. Medical records show the patient has not had prior EMG or NCS studies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG RIGHT LOWER EXTREMITY:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** This patient presents with low back pain and has been treated with medications. On 10/17/2013 patient continued with low back pain and decreased range of motion with positive straight leg raise test. The request is for an EMG of the right lower extremity. ACOEM guidelines page 303 states, "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." ODG guidelines have the following regarding EMG studies, "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." In this case, the patient has positive straight leg raise but no other findings of evidence of radiculopathy. ACOEM supports EMG studies for evaluation of low back pain.

**NCS RIGHT LOWER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** This patient presents with low back pain and has been treated with medications. On 10/17/2013 patient continued with low back pain and decreased range of motion with positive straight leg raise test. Treater requests an NCS of the right lower extremities. The MTUS and ACOEM do not discuss NCS. However, ODG guidelines have the following regarding NCV studies: "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. (Al Nezari, 2013)" In regard to NCV studies, ODG guidelines states, Nerve conduction studies (NCS) are not recommended for low back conditions. It further states, "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 EMG/NCS." EMG with H-reflex is indicated for low back pain but not NCV studies.

**NCS LEFT LOWER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** This patient presents with low back pain and has been treated with medications. On 10/17/2013 patient continued with low back pain and decreased range of motion with positive straight leg raise test. Treater requests an NCS of the left lower extremities. The MTUS and ACOEM do not discuss NCS. However, ODG guidelines have the following regarding NCV studies: "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. (Al Nezari, 2013)" In regards to NCV studies, ODG guidelines states, Nerve conduction studies (NCS) are not recommended for low back conditions. It further states, "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 EMG/NCS." EMG with H-reflex is indicated for low back pain but not NCV studies.

**EMG LEFT LOWER EXTREMITY:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** This patient presents with low back pain and has been treated with medications. On 10/17/2013 patient continued with low back pain and decreased range of motion with positive straight leg raise test. The request is for an EMG of the left lower extremity. ACOEM guidelines page 303 states, "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." ODG guidelines have the following regarding EMG studies, "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." In this case, the patient has positive straight leg raise but no other findings of evidence of radiculopathy. ACOEM supports EMG studies for evaluation of low back pain.