

<b>Case Number:</b>	CM14-0007327		
<b>Date Assigned:</b>	02/10/2014	<b>Date of Injury:</b>	07/24/2012
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 27-year-old female who has submitted a claim for lumbosacral strain and herniated disc at L4-5 and L5-S1 associated with an industrial injury date of July 24, 2012. Medical records from 2013 to 2014 were reviewed. The patient complained of constant lumbosacral pain with radiation, numbness, and tingling sensation to the left foot. Physical examination showed decreased lumbar spine ROM; 4/5 MMT on the left EHL; limping, decreased sensation, and positive SLR on the left lower extremity. Electrodiagnostic study from March 14, 2013 showed normal results. Treatment to date has included NSAIDs, muscle relaxants, topical analgesics, acupuncture, physical therapy, and lumbar epidural steroid injection (4/30/13). Utilization review from January 10, 2014 denied the request for EMG/NCV of bilateral lower extremities due to lack of recent progress notes and objective clinical evidence of progression of neurologic dysfunction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG LEFT LOWER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** According to page 303 of the ACOEM Low Back Guidelines as referenced by CA MTUS, electromyography (EMG) of the lower extremities is indicated to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, the patient presented with symptoms of possible radiculopathy. Recent progress notes reported constant lumbosacral pain with radiation, numbness, and tingling sensation to the left foot. However, the medical records submitted are not very legible. Recent objective evidence of neurologic deficits were not documented. In addition, a previous electrodiagnostic study from March 14, 2013 showed normal results. Furthermore, there is insufficient clinical data showing progression of symptoms that would necessitate a repeat EMG in this case. Therefore, the request for EMG left lower extremity is not medically necessary.

**NCV RIGHT LOWER EXTREMITY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Nerve Conduction Studies (NCS).

**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 2014.

**Decision rationale:** The CA MTUS does not specifically address nerve conduction studies (NCS). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to ODG, NCS of the lower extremities are not recommended if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but it is recommended if the EMG is not clearly consistent with radiculopathy. In this case, the patient presented with symptoms of possible radiculopathy, which persisted despite physical therapy. However, latest progress notes show no significant complaints and physical examination findings pertaining to the right lower extremity. Performing a NCV for an unaffected limb is not medically necessary. Therefore, the request for NCV right lower extremity is not medically necessary.

**NCV LEFT LOWER EXTREMITY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Nerve Conduction Studies (NCS).

**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 2014.

**Decision rationale:** The CA MTUS does not specifically address nerve conduction studies (NCS). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to ODG, NCS of the lower extremities are not recommended if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but it is recommended if the EMG is not clearly consistent with radiculopathy. In this case, the patient presented with symptoms of possible radiculopathy, which persisted despite physical therapy. However, a comprehensive neurologic examination is not available. In addition, a previous electrodiagnostic study from March 14, 2013 showed normal results. Furthermore, there is insufficient clinical data showing progression of symptoms that would necessitate a repeat NCV in this case. Therefore, the request for NCV left lower extremity is not medically necessary.

**EMG RIGHT LOWER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** According to page 303 of the ACOEM Low Back Guidelines as referenced by CA MTUS, electromyography (EMG) of the lower extremities is indicated to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, the patient presented with symptoms of possible radiculopathy. However, latest progress notes show no significant complaints and physical examination findings pertaining to the right lower extremity. Performing an EMG for an unaffected limb is not medically necessary. Therefore, the request for EMG right lower extremity is not medically necessary.