

<b>Case Number:</b>	CM14-0008059		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	05/28/2013
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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 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 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:

This is a 55-year-old male patient with a 5/28/13 date of injury, when he sustained injuries that have resulted in lumbar intervertebral disc disorder with myelopathy. Medical records from 2013-2014 were provided and thoroughly reviewed. Over the clinical course, the patient reported persistent lower back pain at 8/10. Subjectively, the patient reported pain, numbness, and paresthesias down the bilateral knees and legs. Objectively, the patient exhibited restricted lumbar range of motion. On 12/18/13, the patient reported bilateral leg weakness and sciatica symptoms that developed into the left leg and thigh area. Treatment to date has included NSAIDs, opioids, topical analgesics, muscle relaxants, acupuncture, chiropractic sessions, and physical therapy with temporary relief. Utilization review from January 1, 2014 denied the request for EMG/NCV of bilateral lower extremities due to lack of physical examination findings of any neurological deficit or red flag findings in either lower extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG BILATERAL LOWER EXTREMITIES:** 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:** 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 presents with symptoms of possible radiculopathy, which persisted despite physical therapy that resulted in temporary relief only. The patient presented with chronic lower back pain, right leg radiculopathy, bilateral leg weakness, and sciatica symptoms to the left thigh. A differential diagnostic work-up using EMG seems appropriate. Therefore, the request for EMG of the bilateral lower extremities is medically necessary.

**NCV BILATERAL LOWER EXTREMITIES:** 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.

**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:** 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. In this case, the patient presented with symptoms of possible radiculopathy, which persisted despite physical therapy. However, a comprehensive neurologic exam was not made available for review. The medical necessity has not been established. Therefore, the request for NCV of bilateral lower extremities is not medically necessary.