

<b>Case Number:</b>	CM14-0100034		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	03/25/2013
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 25, 2013. In a Utilization Review Report dated June 19, 2014, the claims administrator denied a request for electrodiagnostic testing of the bilateral lower extremities. The claims administrator cited lack of supporting information on the part of the attending provider handwritten progress notes in his denial. The claims administrator did allude to a lumbar MRI of December 23, 2013, showing multilevel degenerative disk disease and disk protrusions. The applicant's attorney subsequently appealed. In a handwritten progress note dated June 6, 2014, the applicant was described as reporting 6/10 low back pain radiating into the bilateral lower extremities. Electrodiagnostic testing of the bilateral lower extremities was sought to rule out a lumbar radiculopathy. The applicant is asked to start chiropractic manipulative therapy. Naprosyn and a topical compounded drug were endorsed. The applicant did have a history of alcohol abuse, it was acknowledged, and had superimposed anxiety and sleep disorder, it was further noted. The applicant was placed off of work, on total temporary disability. Earlier lumbar MRI imaging of December 23, 2013 was reviewed and notable for degenerative disk disease at L4-L5 and L5-S1 with a minor broad-based disk protrusion at L4-L5, and a moderate disk protrusion at L5-S1. The L5-S1 disk protrusion was generating marked right lateral recess stenosis and slight narrowing of the left lateral recess. The L4-L5 disk protrusion was generating subtle narrowing of the left lateral recess.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyogram (EMG) right Lower Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar & Thoracic (Acute & Chronic), Online Edition.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, EMG testing is "not recommended" for a clinically obvious radiculopathy. In this case, the applicant has clinically evident, radiographically confirmed radiculopathy. The applicant has evidence of significant pathology at the L5-S1 level which appears to be responsible for the applicant's ongoing radicular complaints. EMG testing, by definition, is superfluous as the diagnosis in question, lumbar radiculopathy, is already clinically evident and radiographically confirmed. Therefore, the request is not medically necessary.

**Electromyogram (EMG) left Lower Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar & Thoracic (Acute & Chronic), Online Edition.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, EMG testing for a clinical obvious radiculopathy is "not recommended." In this case, the applicant has a clinical evident, radiographically confirmed lumbar radiculopathy. EMG testing, by definition, is superfluous, as the diagnosis in question has already been definitively established. Therefore, the request is not medically necessary.

**Nerve Conductive Velocity (NVC) right Lower Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar & Thoracic (Acute & Chronic), Online Edition.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, Table 14-6, page 377, electrical studies for routine foot and ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies is "not recommended." In this case, the applicant carries a diagnosis of lumbar radiculopathy, clinically evident and radiographically

confirmed. There was no clearly voiced suspicion of a superimposed disease process, such as generalized peripheral neuropathy, diabetic neuropathy, entrapment neuropathy, tarsal tunnel syndrome, etc., which might be present here. All the applicant's symptoms were the function of a lumbar radiculopathy, the attending provider posited. Therefore, the request is not medically necessary.

**Nerve Conductive Velocity (NVC) left Lower Extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar & Thoracic (Acute & Chronic), Online Edition.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, Tablet 14-6, page 377, electrical studies for routine foot and ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies is "not recommended." In this case, there was no clearly voiced suspicion of tarsal tunnel syndrome, a generalized peripheral neuropathy, a diabetic neuropathy, and entrapment neuropathy, etc., being suspected here. The applicant's complaints were seemingly established as a result of an ongoing lumbar radiculitis process. Therefore, the request is not medically necessary.