Case Number:	CM14-0100541		
Date Assigned:	07/30/2014	**Date of Injury:**	08/07/2012
Decision Date:	10/01/2014	**UR Denial Date:**	06/04/2014
Priority:	Standard	**Application Received:**	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 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 47-year-old female with a reported date of injury on 08/07/2012. The mechanism of injury was noted to be from being hit by a door. Her diagnoses were noted to include rule out left shoulder impingement/rotator cuff pathology, upper extremity neurologic findings, lumbar myofascial pain, neurologic deficit to the left L4, L5, and S1, and thoracic myofascial pain. Her previous treatments were noted to include physical therapy, activity modification, TENS, home exercise, cold, heat, and stretching. The progress note dated 04/07/2014 revealed the injured worker complained of low back pain with increasing left lower extremity symptoms rated 6/10. The physical examination of the lumbar spine revealed limited range of motion with pain, left quadriceps, left EHL, left eversion motor strength rated 4+/5, and diminished sensation to the left L4, L5, and S1 dermatomal distributions. There were spasms of the lumbar paraspinal musculature and cervical trapezius and cervical paraspinal musculature was decreased. The progress note dated 05/05/2014 revealed the injured worker complained of low back pain with left lower extremity symptoms rated 6/10. The injured worker indicated her medication enabled greater function and activity level. The physical examination of the cervical trapezius/lumbar paraspinal musculature spasms were less pronounced. The request for authorization form was not submitted within the medical records. The request was for an electromyography (EMG) and nerve conduction velocity (NCV) to the bilateral lower extremities in regard to instability and near falls to delineate specific nerve involvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) Bilateral Lower Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for an electromyography (EMG) to the bilateral lower extremities is not medically necessary. The injured worker complained of low back pain and was noted to have decreased range of motion and decreased sensation. The California MTUS/ACOEM Guidelines state when unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Electromyography, including H-reflex test, may be used to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. The guidelines state electromyography can be used to identify and define disc protrusion, cauda equina syndrome, spinal stenosis, and post-laminectomy syndrome. The electromyography is recommended when radiculopathy is present on the physical examination but the affected nerve is not clear. The documentation provided specific nerve deficits to the L4, L5, and S1 dermatomal distributions. Guidelines state electromyography can be used to identify subtle, focal neurologic dysfunction in patients with low back symptoms. Therefore, the request is not medically necessary.

Nerve Conduction velocity (NCV) Bilateral Lower Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Nerve Conduction studies.

Decision rationale: The request for a nerve conduction velocity (NCV) of the bilateral lower extremities is not medically necessary. The injured worker had complaints of low back pain with decreased sensation to the L4, L5, and S1 dermatomal distributions. The Official Disability Guidelines (ODG) does not recommend nerve conduction studies. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The 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 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. The guidelines do not recommend nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. The injured worker

was noted to have decreased sensation to the L4, L5, and S1 dermatomal distribution and muscle weakness, however the guidelines do not recommend nerve conduction studies. Therefore, this request is not medically necessary.