

<b>Case Number:</b>	CM14-0104351		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/12/2006
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Medical and Rehabilitation and is licensed to practice in Texas. 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 female (age not documented) who sustained an industrial injury on 4/12/2006. Per the 6/26/2014 team conference letter, the patient previously had an EMG/NCV study of the lower extremities done 2 days ago. She had radiofrequency lesioning with significant pain relief, and now leg numbness is worsening. According to the follow up visit report dated 12/05/2013, the patient complains of escalation of lower back pain since cold weather and rainy season. She has constant pain rated 5-6/10 radiating down left leg, also numbness, tingling, and paresthesia in the left leg. Relevant objective findings reveal restricted ROM, muscle spasm and tenderness, diminished sensation along medial and lateral border of left leg, calf and foot, and 4+/5 left EHL and plantar flexors. Diagnoses: 1. L5-S1 grade I spondylolisthesis with bilateral S1 nerve-root impingement (updated MRI confirmed); 2. Annular disc tear at L3-4, L4-5, L5-S1 (updated MRI confirmed); 3. L3-4, L4-5, and L5-S1 facet arthropathy with neuroforaminal stenosis (updated MRI confirmed); 4. Left sided L5-S1 lumbar radiculopathy (EMG confirmed); 5. Chronic myofascial pain syndrome; 5. Depression. The patient is prescribed Duragesic patch 75mcg, Neurontin, Ambien and Ibuprofen 600. According to the follow up visit report dated 6/10/2014, the patient has recent escalation of low back pain shooting down the left leg with tingling, numbness and paresthesia. Pain is rated 7/10. She uses patch and medications but experiences many flare-ups of low back pain down the left leg. Relevant objective findings reveal restricted range of motion ROM, muscle spasm and tenderness, diminished sensation along medial and lateral border of left leg, calf and foot, and 4+/5 left EHL and plantar flexors. Diagnoses: 1. L5-S1 grade I spondylolisthesis with bilateral S1 nerve-root impingement (updated MRI confirmed); 2. Annular disc tear at L3-4, L4-5, L5-S1 (updated MRI confirmed); 3. L3-4, L4-5, and L5-S1 facet arthropathy with neuroforaminal stenosis (updated MRI confirmed); 4. Left sided L5-S1 lumbar radiculopathy (EMG confirmed); 5. Chronic myofascial pain syndrome; 5. Depression.

Prior EMG/NCV was performed in March 2012. An updated study is requested. The patient continues Duragesic patch 75mcg, Neurontin, Ambien and Ibuprofen 600.

### **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 ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Electromyography (EMG)

**Decision rationale:** According to the guidelines, following a course of conservative therapy, an EMG study may be useful to obtain unequivocal evidence of radiculopathy. However, the patient's clinical findings of radiculopathy are clearly demonstrated on examination and have apparently been confirmed with a prior EMG/NCV, and consistent with prior lumbar MRI study. There have been no changes in clinical findings. There is no medical basis for repeat study in this case. The diagnosis of radiculopathy has already been confirmed. The request is not medically necessary and appropriate.

#### **EMG Right Lower Extremity: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Electromyography (EMG)

**Decision rationale:** According to the guidelines, following a course of conservative therapy, an EMG study may be useful to obtain unequivocal evidence of radiculopathy. However, the patient's clinical findings of radiculopathy are clearly demonstrated on examination and have apparently been confirmed with a prior EMG/NCV, and consistent with prior lumbar MRI study. The patient has no symptoms or relevant objective findings involving the right side lower extremity. There have been no changes in clinical findings. There is no medical basis for repeat study in this case. The diagnosis of radiculopathy has already been confirmed. The request is not medically necessary and appropriate.

#### **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), Treatment Index 11th Edition (web) 2013, Low Back Chapter Nerve conduction studies (NCS)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Nerve Conduction Studies (NCS)

**Decision rationale:** The CA MTUS/ACOEM and Official Disability Guidelines suggest EMG may be useful for evaluation of subtle focal neurologic dysfunction in patients with low back symptoms, not NCV. An EMG/NCV study has been requested to re-evaluate for lumbar radiculopathy. According to the Official Disability Guidelines, Nerve conduction studies (NCS) is not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. As stated, the diagnosis of lumbar radiculopathy has already been confirmed by prior electrodiagnostic study and lumbar MRI. In addition, the patient does not have any right-sided symptoms, and clinical findings are unchanged. An NCV of the right lower extremity is not medically warranted.

**NCV Left Lower Leg:** 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) , Treatment Index 11th Edition (web) 2013, Low Back Chapter Nerve conduction studies (NCS)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Nerve Conduction Studies (NCS)

**Decision rationale:** The CA MTUS/ACOEM and Official Disability Guidelines suggest EMG may be useful for evaluation of subtle focal neurologic dysfunction in patients with low back symptoms, not NCV. An EMG/NCV study has been requested to re-evaluate for lumbar radiculopathy. According to the Official Disability Guidelines, Nerve conduction studies (NCS) is not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. As stated, the diagnosis of lumbar radiculopathy has already been confirmed by prior electrodiagnostic study and lumbar MRI. A repeat NCV of the left lower extremity is not medically warranted.