

<b>Case Number:</b>	CM14-0106047		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	09/12/2013
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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:

This is a 68-year-old male with a 9/12/13 date of injury. The mechanism of injury occurred that while driving a truck, he smelled a fuel additive and began experiencing headaches. When he was awakened, the truck veered into a mountain and rolled onto the passenger side. According to an initial pain management evaluation report dated 6/11/14, the patient complained of moderate to moderately severe lower back pain. It was described as a sharp, dull, aching pain with numbness and tingling into the lower extremities. The pain was increased with extended standing, sitting, and walking, and it was improved with relaxation and rest. The provider has recommended an MRI of the lumbar spine and EMG/NCV of the bilateral lower extremities. Therapeutic recommendations include chiropractic treatment, acupuncture, and medications. Objective findings: patient unable to perform heel-to-toe walk secondary to loss of balance over the lower back, limited lower back range of motion, decreased sensation over the left L4-5 dermatome to pinprick, light touch, and temperature. Diagnostic impression: lumbar radiculopathy, reactive sleep disturbance, chronic pain syndrome. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 6/19/14 denied the requests for EMG right lower extremity and NCV left lower extremity. The plan is for the patient to have lumbar MRI and consideration of interventional therapy based on the results. This study would not be indicated at this time, but if diagnostic imaging is equivocal, could be reconsidered if diagnosis still uncertain.

### 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. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 6/10/14)EMGs (electromyography)

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

**Decision rationale:** CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. However, in the present case, there is no documentation that the patient has not responded to conservative treatment. In fact, the provider has also recommended chiropractic treatment and acupuncture. In addition, the provider has also requested an MRI of the lumbar spine. The medical necessity of an EMG study cannot be determined at this time prior to reviewing the results of the MRI study, in order to review whether or not a diagnosis of radiculopathy has already been established. Therefore, the request for EMG left lower extremity is not medically necessary.

**NVC 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, Low Back (updated 6/10/14)Nerve Conduction Studies (NCS)

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

**Decision rationale:** CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. However, in the present case, there is no documentation that the patient has not responded to conservative treatment. In fact, the provider has also recommended chiropractic treatment and acupuncture. In addition, the provider has also requested an MRI of the lumbar spine. The medical necessity of an NCV study cannot be determined at this time prior to reviewing the results of the MRI study, in order to review whether or not a diagnosis of radiculopathy has

already been established. Therefore, the request for NCV right lower extremity is not medically necessary.

**NVC 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, Low Back (updated 6/10/14)Nerve Conduction Studies (NCS)

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

**Decision rationale:** CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. However, in the present case, there is no documentation that the patient has not responded to conservative treatment. In fact, the provider has also recommended chiropractic treatment and acupuncture. In addition, the provider has also requested an MRI of the lumbar spine. The medical necessity of an NCV study cannot be determined at this time prior to reviewing the results of the MRI study, in order to review whether or not a diagnosis of radiculopathy has already been established. Therefore, the request for NCV left lower extremity is not medically necessary.

**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, Low Back (updated 6/10/14)EMGs (electromyography)

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

**Decision rationale:** CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. However, in the present case, there is no documentation that the patient has not responded to conservative treatment. In fact, the provider has also recommended chiropractic treatment and acupuncture. In addition, the provider has also requested an MRI of the lumbar spine. The

medical necessity of an EMG study cannot be determined at this time prior to reviewing the results of the MRI study, in order to review whether or not a diagnosis of radiculopathy has already been established. Therefore, the request for EMG right lower extremity is not medically necessary.