

<b>Case Number:</b>	CM14-0106529		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	03/23/2013
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	06/18/2014
<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:

The patient is a 51-year-old male who has submitted a claim for lumbar radiculopathy associated with an industrial injury date of March 23, 2013. Medical records from 2014 were reviewed, which showed that the patient complained of low back pain radiating to the left lower extremity with numbness, tingling sensation and weakness. Examination revealed tenderness at the lumbosacral junction, paravertebral muscle spasms and left buttock tenderness. There was also a limited lumbar ROM. There was no sensory deficit and reflexes were symmetrical. Straight leg raising was positive on the left at 30 degrees and on the right at 60 degrees. An MRI dated 5/12/14 revealed a left foraminal 4mm disc protrusion at L4-5 with mild to moderate left foraminal narrowing. Treatment to date has included medications, home exercise and physical therapy. Utilization review from June 18, 2014 denied the request for EMG BILATERAL LOWER EXTREMITIES and NCV BILATERAL LOWER EXTREMITIES because there was already a clear evidence of radiculopathy and the performance of these test will not change the management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG BILATER 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Electrodiagnostic testing.

**Decision rationale:** According to page 303 of CA MTUS ACOEM Low Back Chapter, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. According to the ODG, electromyography (EMG) and Nerve Conduction Studies (NCS) are generally accepted, well established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments. In this case, the patient presented with clear and not subtle signs and symptoms of a lumbar radiculopathy. This was already confirmed with an MRI. An EMG will not contribute further to the management of the patient. Therefore, the request for EMG bilateral lower extremities is not medically indicated.

**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 Chapter, Nerve Conduction Studies 2014.

**Decision rationale:** The 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 clear signs and symptoms of a lumbar radiculopathy along with a consistent MRI. NCS will unlikely change the management of the patient anymore. Therefore, the request for NCV BILATERAL LOWER EXTREMITIES is not medically necessary.