

<b>Case Number:</b>	CM14-0012423		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	01/18/1994
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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 Internal 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 patient is a 64-year-old male who has submitted a claim for lumbar myofascial pain and facet syndrome associated with an industrial injury date of January 18, 1994. Medical records from 2013 to 2014 were reviewed. The patient complained of chronic lower back and leg pain with hyperreflexia in the lower extremities. Radiating pain was noted from the lumbar spine. Physical examination of the lumbar spine showed myofascial restrictions, and SLR of 60 degrees on the right and 20 degrees on the left. Treatment to date has included NSAIDs, opioids, anticonvulsants, muscle relaxants, and lumbar epidural steroid injection (7/11/13). Utilization review from December 31, 2013 denied the request for EMG/NCV of bilateral lower extremities. Reasons for denial are unavailable.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ELECTROMYOGRAPHY (EMG) RIGHT LOWER EXTREMITY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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

**Decision rationale:** According to page 303 of the ACOEM Low Back Guidelines as referenced by California MTUS, electromyography (EMG) of the lower extremities is indicated to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, the injured worker presented with symptoms of possible radiculopathy. Recent progress notes reported radiating pain from the lumbar spine, chronic lower back and leg pain with hyperreflexia in the lower extremities. Bilateral SLR was equivocal. However, medical records submitted for review failed to provide a comprehensive neurologic examination that may support symptoms of radiculopathy. The medical necessity was not established due to lack of information. Therefore, the request for electromyography (EMG) right lower extremity is not medically necessary.

**ELECTROMYOGRAPHY (EMG) LEFT LOWER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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

**Decision rationale:** According to page 303 of the ACOEM Low Back Guidelines as referenced by California MTUS, electromyography (EMG) of the lower extremities is indicated to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, the injured worker presented with symptoms of possible radiculopathy. Recent progress notes reported radiating pain from the lumbar spine, chronic lower back and leg pain with hyperreflexia in the lower extremities. Bilateral SLR was equivocal. However, medical records submitted for review failed to provide a comprehensive neurologic examination that may support symptoms of radiculopathy. The medical necessity was not established due to lack of information. Therefore, the request for electromyography (EMG) left lower extremity is not medically necessary.

**NERVE CONDUCTION STUDY (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).

**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 California MTUS guidelines do not specifically address nerve conduction studies (NCS). According to 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 injured worker presented with symptoms of possible radiculopathy. Recent progress notes reported radiating pain from the lumbar spine, chronic lower back and leg pain with hyperreflexia in the lower extremities. However, a comprehensive neurologic examination is not available. Therefore, the request for nerve conduction study (NCS) right lower extremity is not medically necessary.

**NERVE CONDUCTION STUDY (NCV) 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 (ODG).

**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.

**Decision rationale:** The California MTUS guidelines do not specifically address nerve conduction studies (NCS). According to 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 injured worker presented with symptoms of possible radiculopathy. Recent progress notes reported radiating pain from the lumbar spine, chronic lower back and leg pain with hyperreflexia in the lower extremities. However, a comprehensive neurologic examination is not available. Therefore, the request for nerve conduction study (NCS) left lower extremity is not medically necessary.