

<b>Case Number:</b>	CM14-0013268		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	12/18/2012
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Occupational Medicine, and is licensed to practice 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 45-year-old female who has submitted a claim for L4-5 and L5-S1 degenerative disc disease with small herniated nucleus pulposus and bilateral lower extremity radiculopathy associated with an industrial injury date of December 18, 2012. Medical records from 2013 were reviewed. The patient complained of chronic lower back pain with radiation to both lower extremities. Physical examination showed bilateral lumbar paravertebral muscle tenderness, positive SLR at 90 degrees, and 5/5 Manual Muscle Testing on both lower extremities. Treatment to date has included NSAIDs, opioids, muscle relaxants, physical therapy, and surgery. Utilization Review from January 15, 2014 denied the request for electromyogram and-nerve-conduction study of bilateral lower extremities because the guidelines used do not recommend electrodiagnostic testing when a patient is already presumed to have symptoms on the basis of radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyogram (EMG)-of Right Lower Extremities:** 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.

**Decision rationale:** According to page 303 of the ACOEM Low Back Guidelines as referenced by CA 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 patient presented with chronic lower back pain with radiation to both lower extremities. Physical examination showed positive SLR bilaterally at 90 degrees. However, other physical examination findings are equivocal for radiculopathy. In addition, most of the progress reports included in the medical records are not very legible. The latest is dated August 15, 2013; there was no reevaluation done on the patient. The current status of the patient is unknown. Therefore, the request for EMG right lower extremity is not medically necessary.

**EMG of Left Lower Extremities:** 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.

**Decision rationale:** According to page 303 of the ACOEM Low Back Guidelines as referenced by CA 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 patient presented with chronic lower back pain with radiation to both lower extremities. Physical examination showed positive SLR bilaterally at 90 degrees. However, other physical examination findings are equivocal for radiculopathy. In addition, most of the progress reports included in the medical records are not very legible. The latest is dated August 15, 2013; there was no reevaluation done on the patient. The current status of the patient is unknown. Therefore, the request for EMG left lower extremity is not medically necessary.

**Nerve Conduction Study (NCS) Right Lower Extremities:** Upheld

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

**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, but it is recommended if the EMG is not clearly consistent with radiculopathy. In this

case, the patient presented with chronic lower back pain with radiation to both lower extremities. A comprehensive neurologic examination is not available. In addition, most of the progress reports included in the medical records are not very legible. The latest is dated August 15, 2013; there was no reevaluation done on the patient. The current status of the patient is unknown. Therefore, the request for NCS right lower extremity is not medically necessary.

**NCS Left Lower Extremities:** Upheld

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

**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, but it is recommended if the EMG is not clearly consistent with radiculopathy. In this case, the patient presented with chronic lower back pain with radiation to both lower extremities. A comprehensive neurologic examination is not available. In addition, most of the progress reports included in the medical records are not very legible. The latest is dated August 15, 2013; there was no reevaluation done on the patient. The current status of the patient is unknown. Therefore, the request for NCS left lower extremity is not medically necessary.