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| <b>Case Number:</b>   | CM14-0019866 |                              |            |
| <b>Date Assigned:</b> | 04/28/2014   | <b>Date of Injury:</b>       | 05/19/2013 |
| <b>Decision Date:</b> | 07/08/2014   | <b>UR Denial Date:</b>       | 01/23/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/18/2014 |

### 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 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 an employee of [REDACTED] and has submitted a claim for low back pain associated with an industrial injury date of May 19, 2013. Treatment to date has included medications, physical therapy, and chiropractic treatment. Medical records from 2013 were reviewed, which showed that the patient complained of low back pain radiating to the right lower extremity. On physical examination, there was lumbar spine tenderness and spasm on the right. Range of motion was decreased in all planes. Lasegue test was positive on the right. Reflexes were absent on the right Achilles tendon and weakness was noted in the right ankle evertor. An MRI of the lumbar spine dated September 24, 2013 showed mild disc bulging in the lower lumbar discs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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) 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 this case, the patient has suffered from low back pain since May 2013 (12 months to date) but physical examination findings did not reveal focal neurologic deficits on the left lower extremity. Focal neurologic dysfunction was not established in the left lower extremity; therefore, the request for electromyography (emg) left lower extremity is not medically necessary.

**ELECTROMYOGRAPHY (EMG) RIGHT LOWER EXTREMITY:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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) 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 this case, the patient has suffered from low back pain since May 2013 (12 months to date) and physical examination findings showed focal neurologic dysfunction as evidenced by a positive Lasegue test, weakness, and absent reflexes on the right lower extremity. Focal neurologic dysfunction was established in the right lower extremity; therefore, the request for electromyography (emg) right lower extremity is medically necessary.

**NERVE CONDUCTION STUDIES (NCS) LEFT LOWER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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 Section.

**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 are not recommended and there is minimal justification for performing such when a patient is presumed to have symptoms on the basis of radiculopathy. In this case, there was no discussion regarding the indication for an NCS despite the procedure not being recommended by guidelines. Therefore, the request for nerve conduction studies (ncs) left lower extremity is not medically necessary.

**NERVE CONDUCTION STUDIES RIGHT LOWER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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 Section.

**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 are not recommended and there is minimal justification for performing such when a patient is presumed to have symptoms on the basis of radiculopathy. In this case, there was no discussion regarding the indication for an NCS despite the procedure not being recommended by guidelines. Therefore, the request for nerve conduction studies (ncs) right lower extremity is not medically necessary.