

<b>Case Number:</b>	CM14-0120222		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	08/09/2013
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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 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 43-year-old male who has submitted a claim for late effect from a fall, lumbar sprain/strain, cervical sprain/strain, thoracic sprain/strain, and headache associated with an industrial injury date of 08/09/2013. Medical records from 12/03/2013 to 04/29/2014 were reviewed and showed that patient complained of neck pain radiating down the left upper extremity and low back pain radiating down the left lower extremity. Physical examination of the cervical spine revealed decreased cervical spine ROM and hypesthesia along the left C5 to T1 dermatomal distribution. Physical examination of the lumbar spine revealed decreased lumbar ROM, hyperesthesia along left L4-S1 dermatomal distribution, weakness of myotomal distribution along left L4-S1 planes, and positive LaSegue's and Braggard's tests bilaterally. 10/24/2013 MRI of the cervical spine (04/09/2014) revealed C5-6 disc bulge with moderate spinal stenosis. MRI of the lumbar spine dated 10/24/2013 revealed disc degeneration at L3-4, L4-5, and L5-S1 and L5-S1 disc bulge with mild to moderate lateral recess stenosis bilaterally. Treatment to date has included physical therapy, chiropractic therapy, TENS, and pain medications. Utilization review dated 07/14/2014 denied the request for EMG/NCV of left lower extremity because the guidelines do not recommend electromyography and nerve conduction studies when radiculopathy is already clinically obvious.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG LEFT LE:** 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 CHAPTER

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

**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. In this case, the patient complained of low back pain radiating down the left lower extremity. Physical exam findings included hyperesthesia along left L4-S1 dermatomal distribution, weakness of myotomal distribution along left L4-S1 planes, and positive LaSegue's and Braggard's tests bilaterally. The patient's clinical manifestations were not consistent with a focal neurologic deficit to support EMG. Therefore, the request for EMG Left LE is not medically necessary.

**NCV LEFT LE:** Overturned

**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 CHAPTER

**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 (NCS) Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81

**Decision rationale:** The CA MTUS does not address NCS specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Nerve Conduction Studies (NCS) was used instead. The Official Disability Guidelines state that there is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. A published study entitled, "Nerve Conduction Studies in Polyneuropathy", cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, the patient complained of low back pain radiating down the left lower extremity. Physical exam findings included hyperesthesia along left L4-S1 dermatomal distribution, weakness of myotomal distribution along left L4-S1 planes, and positive LaSegue's and Braggard's tests bilaterally. NCV is a reasonable option for the patient who presented with symptoms of left lower extremity neuropathy. Therefore, the request for NCV Left LE is medically necessary.

