

<b>Case Number:</b>	CM14-0122575		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	10/02/2000
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 Physical Medicine & Rehabilitation 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:

This 69 year-old patient sustained an injury on 10/2/2000 while employed by [REDACTED]. The request under consideration includes Electromyography Studies of the Bilateral Lower Extremities and Nerve Conduction Velocity Studies of the Bilateral Lower Extremities. The patient's diagnoses include lumbosacral neuritis NOS. A magnetic resonance imaging (MRI) of the lumbar spine dated 9/13/12 showed slight retrolisthesis of L2 with disc bulge without nerve impingement, grade 1 degenerative L4-5 spondylolisthesis with disc bulge causing mild to moderate neural foraminal narrowing. The X-rays of lumbar spine dated 3/21/13 showed osteopenia, L4 anterolisthesis with facet arthrosis. Conservative care has included medications, physical therapy and home exercise program. The report of 7/18/14 from the provider noted the patient with increased axial back pain resulting in decreased level of function. The exam noted positive facet maneuvers at L4-S1 with positive left SLR, motor weakness with heel walking and decreased sensation at bilateral lower lateral leg and decreased left ankle reflexes. The treatment included lumbar magnetic resonance imaging (MRI) and electrodiagnostic studies. The request for Electromyography Studies of the Bilateral Lower Extremities and Nerve Conduction Velocity Studies of the Bilateral Lower Extremities were denied on 7/28/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography Studies of the Bilateral 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): 309.

**Decision rationale:** Per Guidelines, EMG is not recommended as there is minimal justification for performing the studies when a patient has symptoms and clinical findings with presumed diagnoses of radiculopathy. Additionally, "Electrodiagnostic studies which must include needle EMG is recommended where a CT or MRI is equivocal and there are ongoing pain complaints that raise questions about whether there may be a neurological compromise that may be identifiable (i.e., leg symptoms consistent with radiculopathy, spinal stenosis, peripheral neuropathy, etc.)." However, the patient already had an MRI of the lumbar spine showing disc pathology and degenerative spondylolisthesis/ retrolisthesis resulting in neural foraminal narrowing for nerve compromise along with clinical neurological deficits consistent with lumbar radiculopathy. The Electromyography Studies of the Bilateral Lower Extremities is not medically necessary and appropriate.

**Nerve Conduction Velocity Studies of the Bilateral 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): 309.

**Decision rationale:** Per Guidelines, NCS is not recommended as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The patient already had an MRI of the lumbar spine showing disc pathology and degenerative spondylolisthesis/ retrolisthesis resulting in neural foraminal narrowing for nerve compromise along with clinical neurological deficits consistent with lumbar radiculopathy, negating any medical necessity for diagnostic NCS. Additionally, the presumed diagnosis and treatment is lumbar radiculopathy; hence, NCS without suspicion or findings of entrapment syndrome has not been established to meet guidelines criteria. The Nerve Conduction Velocity Studies of the Bilateral Lower Extremities is not medically necessary and appropriate.