

<b>Case Number:</b>	CM14-0131160		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	04/18/2007
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 Orthopedic Surgery and is licensed to practice in Texas. 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 injured worker is a 44-year-old female who reported an injury on 04/18/2007. The injury reported was when the injured worker lifted a helium tank out of a trunk and twisted. The diagnoses included status post L5-S1 360 lumbar arthrodesis, retained symptomatic lumbar spine ware, rule out junctional level pathology, L4 to 5 with instability, upper motor neuron signs, and rule out spinal cord central nervous compromise. The previous treatments included medication, facet blocks, and surgery. The diagnostic tests included an MRI and x-rays. Within the clinical note dated 02/04/2014, it was reported the injured worker had been diagnosed with retained symptomatic lumbar spinal hardware. Upon the physical examination, the provider noted the lumbar spine revealed pain and discomfort over top palpable hardware as well as the lumbosacral junction. There was some reproducible symptomatology with transient symptoms into the lower extremities. The request submitted is for an EMG of the lower extremity, EMG of the left lower extremity, NCV of the right lower extremity, and NCV of the left lower extremity. However, a rationale was not provided for clinical review. The Request for Authorization was not submitted for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG (Electromyelography) study of the right lower extremity, QTY: 1: Upheld**

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

Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Low Back, NCS (Nerve Conduction Study).

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

**Decision rationale:** The request for an EMG (electromyography) study of the right lower extremity quantity 1 is not medically necessary. The California MTUS/ACOEM guidelines note an EMG is useful to assist with identification of neurological dysfunction in patients with low back symptoms when neurological findings are unclear. The guidelines also note electromyography, including H reflex test, may be useful to identify subtle focal neurological dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. There is lack of documentation indicating the injured worker had tried and failed on conservative therapy to alleviate symptoms. There is lack of significant neurological deficit such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. Therefore, the request is not medically necessary.

**EMG (Electromyography) study of the left lower extremity, QTY: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Low Back, NCS (Nerve Conduction Study).

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

**Decision rationale:** The request for EMG study of the left lower extremity is not medically necessary. The California MTUS/ACOEM guidelines note an EMG is useful to assist with identification of neurological dysfunction in patients with low back symptoms when neurological findings are unclear. The guidelines also note electromyography, including H reflex test, may be useful to identify subtle focal neurological dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. There is lack of documentation indicating the injured worker had tried and failed on conservative therapy to alleviate symptoms. There is lack of significant neurological deficit such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. Therefore, the request is not medically necessary.

**NCV (Nerve Conduction Velocity) study of the right lower extremity, QTY: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Low Back, NCS (Nerve Conduction Study).

**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, Nerve Conduction Studies.

**Decision rationale:** The request for an NCV study of the right lower extremity is not medically necessary. The Official Disability Guidelines do not recommend nerve conduction study as there is minimal justification for performing nerve conduction studies when the patient is already presumed to have symptoms on the basis of radiculopathy. There is lack of documentation indicating the injured worker had tried and failed on conservative therapy. There is lack of significant neurological deficits such as decreased sensation of motor strength in a specific dermatomal or myotomal distribution. Therefore, the request is not medically necessary.

**NCV (Nerve Conduction Velocity) study of the left lower extremity, QTY: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Low Back, NCS (Nerve Conduction Study).

**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, Nerve Conduction Studies.

**Decision rationale:** The request for an NCV (nerve conduction velocity) study on the left lower extremity quantity 1 is not medically necessary. The Official Disability Guidelines do not recommend nerve conduction study as there is minimal justification for performing nerve conduction studies when the patient is already presumed to have symptoms on the basis of radiculopathy. There is lack of documentation indicating the injured worker had tried and failed on conservative therapy. There is lack of significant neurological deficits such as decreased sensation of motor strength in a specific dermatomal or myotomal distribution. Therefore, the request is not medically necessary.