

<b>Case Number:</b>	CM14-0136293		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	12/20/2013
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 and 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:

The patient is a 41-year-old female who has submitted a claim for lumbago associated with an industrial injury date of December 20, 2013. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of pain in the lumbar area that radiates to the neck, buttock, hip, leg, knee and ankle. There was an associated weakness, numbness and stabbing pain. Examination of the lumbar spine revealed that the patient's gait was mildly antalgic, the paraspinal muscles had no swelling or muscle spasm, the DTRs were symmetrical, SLR (straight leg raise) test was negative bilaterally, and motor exam was 5/5 in the right lateral lower extremities. Lumbar spine 3 views x-ray was positive for mild to moderate disc space narrowing at L5-S1. Treatment to date has included pain medications and work modifications. Utilization review from August 15, 2014 denied the request for Electromyography (EMG) of The Right Lower Extremity Related to The Lumbar Spine Injury, as an Outpatient and Nerve Conduction Study (NCS) of The Right Lower Extremity Related to The Lumbar Spine Injury, as an Outpatient because there had been no inflammatory changes and motor or sensory deficits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG) of The Right Lower Extremity Related to The Lumbar Spine Injury, as an Outpatient:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) website:

www.odg-twc.com and on the Non-MTUS American College of Occupational and Environmental Medicine (ACOEM) website: www.acoempracguides.org, Low Back Disorders

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Electrodiagnostic testing

**Decision rationale:** According to the Low Back Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, 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. According to the ODG, electromyography (EMG) and Nerve Conduction Studies (NCS) are generally accepted, well established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments. In this case, the patient presented with back symptoms that radiates to the legs suggesting a possible radiculopathy. However, no neurologic abnormalities was found in the physical examination. There is not enough basis to consider neurologic dysfunction in this case. Therefore, the request for Electromyography (EMG) of the right lower extremity related to the lumbar spine injury, as an outpatient is not medically necessary.

**Nerve Conduction Study (NCS) of The Right Lower Extremity Related to The Lumbar Spine Injury, as an Outpatient:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) website: www.odg-twc.com and on the Non-MTUS American College of Occupational and Environmental Medicine (ACOEM) website: www.acoempracguides.org, Low Back Disorders

**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 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 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. 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 presented with back symptoms that radiates to the legs, associated with numbness and stabbing sensation. No neurologic abnormality was found in the physical examination. Clinical manifestations may indicate Therefore, the request for Nerve

Conduction Study (NCS) of the right lower extremity related to the lumbar spine injury, as an outpatient is medically necessary.