MAXIMUS Federal Services

| Case Number: | CM14-0157557 | | |
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| Date Assigned: | 09/30/2014 | Date of Injury: | 05/21/2013 |
| Decision Date: | 10/29/2014 | UR Denial Date: | 09/03/2014 |
| Priority: | Standard | Application Received: | 09/25/2014 |

## 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, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 05/21/13 when she slipped. She continues to be treated for radiating low back pain. Treatments included medications and 20 sessions of physical therapy. A magnetic resonance image of the lumbar spine on 09/17/13 showed findings of a right lateralized L4-5 disc bulge with mild right foraminal narrowing. On 02/06/14 the claimant underwent a left lumbar interlaminar epidural steroid injection. On 02/20/14 she was having residual low back and left leg pain. Physical examination findings included lumbar spine tenderness and a positive left straight leg raise. On 04/03/14 she was having ongoing symptoms. She was hoping a third epidural injection would help. On 05/16/14 the claimant underwent a left lumbar transforaminal epidural steroid injection. On 05/22/14 she again had improved. She had decreased lumbar spine range of motion. Work restrictions were continued. On 07/03/14 she was now also having pain radiating into the right leg. The physical examination findings included lumbar spine tenderness and limited straight leg raising bilaterally. Naprosyn and Ultram were prescribed. Authorization for physical therapy two times per week for eight weeks was requested. On 08/21/14 she was having ongoing symptoms. Authorization for additional testing was requested.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG) bilateral lower extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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-Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography)

**Decision rationale:** The claimant is more than one year status post work-related injury and continues to be treated for back and radiating leg pain. She has imaging findings with a right lateralization but, until recently, had left sided symptoms. Despite this, she is reported to have responded positively to left sided epidural steroid injections. Now she is having right sided symptoms. Treatments have also included physical therapy. EMGs (electromyography) are recommended as an option and may be useful to obtain unequivocal evidence of radiculopathy, after one month of conservative therapy. In this case, the claimant has already undergone more than one month of conservative treatments and her clinical presentation and imaging results are not well correlated. Therefore the requested lower extremity electromyography is medically necessary.

**Nerve conduction study (NCS) bilateral lower extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AANEM Recommended Policy for Electrodiagnostic Medicine

**Decision rationale:** The claimant is more than one year status post work-related injury and continues to be treated for back and radiating leg pain. She has imaging findings with a right lateralization but, until recently, had left sided symptoms. Despite this, she is reported to have responded positively to left sided epidural steroid injections. Now she is having right sided symptoms. Treatments have also included physical therapy. Authorization for lower extremity electromyography was requested and is medically necessary. A minimal evaluation for radiculopathy includes motor and sensory nerve conduction studies and a needle EMG examination of the involved limb. Bilateral studies are often necessary to exclude a central disc herniation with bilateral radiculopathies or spinal stenosis or to differentiate between radiculopathy and plexopathy, polyneuropathy, or mononeuropathy. H reflexes and F waves can provide useful complementary information that is helpful in the evaluation of suspected radiculopathy and can add to the certainty of electrodiagnostic information supporting a diagnosis of root dysfunction. Radiculopathies cannot be diagnosed by nerve conduction study alone and needle EMG must be performed to confirm a radiculopathy. These studies should be performed together. Therefore, the requested lower extremity nerve conduction study is medically necessary.