

<b>Case Number:</b>	CM14-0164639		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	07/23/2013
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 Interventional Spine 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 39 year old male with an injury date of 07/23/13. The 09/05/14 progress report by [REDACTED] states that the patient presents with continued lower back pain that shoots down the leg and groin with increased abdominal pain and bloating as well as poor sleep. The 09/23/14 report states the patient is not working. Examination shows positive bilateral straight leg raise with decreased sensation in the bilateral posterior thighs and spasms in the lower back at L3-5. There are triggers at L5. The 04/22/14 MRI lumbar gives the following impression: Annular tear with a 5 mm posterior central disc protrusion at L5-S1; 2 mm posterior disc protrusion at L4-5; Mild bilateral neuroforaminal narrowing at L5-S1 on the bases is of mild bilateral facet arthropathy with mild bilateral facet arthropathy at L4-5; Grade I 1-2 mm retrolisthesis of L5 on S1. The patient's diagnoses include: Lumbar radiculopathy, L5-S1 Herniated Nucleus Pulposus, GI distress and Obesity. The utilization review being challenged is dated 09/10/14. The rationale is that there are no subtle neurological findings and the request is not necessary. Reports were provided from 04/23/14 to 09/23/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCS of Bilateral Lower Extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**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) Low Back Chapter, Electrodiagnostic Studies

**Decision rationale:** The patient presents with lower back pain radiating down the leg and groin with abdominal pain and bloating and poor sleep. The provider requests for EMG/NCS of bilateral lower extremities. ACOEM guidelines page 303 states, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." ODG guidelines, EMG/NCS topic, state this testing is recommended depending on indications and EMG and NCS are separate studies and should not necessarily be done together. ODG further states, "...NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The provider does not discuss the reason for this request in the reports provided. There is no indication of a prior electrodiagnostic study for this patient. The 09/05/14 report states the patient received a lumbar ESI 06/16/14 with mild relief. The patient had electrical stimulation with physical therapy in the past with good relief at high voltage. The 09/23/14 Orthopedic QME evaluation by [REDACTED] states that the patient had two prior ESI (dates unknown) and the second resulted in not even temporary improvement. This report further states that after a year of conservative treatment also including time off work and medications the patient has had no significant relief of symptoms. [REDACTED] recommends evaluation by an orthopedic surgeon for possible laminectomy and discectomy at the L5-S1 levels. In this case, EMG is recommended by ACOEM to identify subtle, focal neurologic dysfunction for lower back pain. Examination shows pain radiating to the lower extremities and positive bilateral straight leg raise and decreased sensation in the bilateral thighs. The 06/16/14 MRI shows disc protrusion at L4-L5 and L5-S1. While the provider does not provide rationale, given the patient's significant radiating symptoms, an electrical study would appear reasonable. While NCV is not recommended per ODG if leg symptoms are presumed to be coming from the spine, such presumption is not necessarily present in this case. Therefore, this request is not medically necessary.