

<b>Case Number:</b>	CM14-0178759		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	06/09/2008
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 Occupational Medicine 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 is a 33-year-old male with a 6/9/08 date of injury, when he was getting out of his truck and fell onto his tailbone area. The patient was seen on 9/16/14 with complaints of continued 3-4/10 low back pain, radiating into the left leg. Exam findings revealed tenderness to the lumbar paraspinal muscles, left greater than right and spasm in the left lumbar paraspinals. The Kemp's test and left straight leg raising test were positive. There was hypoesthesia on the left S1 dermatome distribution. The requests for FCE, RTC, UDS, TENS unit, IF unit, compound creams, MRI of the lumbar spine, EMG/NCV of the lower extremities and medications was made. The patient was noted to be on Naproxen, Tramadol, compound creams, Omeprazole, Soma and Gabapentin. The diagnosis is lumbar radiculitis and myospasms. An MRI of the lumbar spine dated 9/4/13 (the radiology report was not available for the review) indicated: a 3 mm posterior central, right paracentral and right foraminal disc protrusion at L5-S1 resulting in moderate right neuroforaminal narrowing; the disc protrusion caused mild effect on the right S1 nerve root; mild facet arthropathy at L4-L5 and L5-S1 and disc desiccation at L5-S1. Treatment to date: work restrictions, physical therapy, ice/heat and medications. An adverse determination was received on 9/30/14; however the determination letter was not available for the review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG of right lower extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 EMG/NCV)

**Decision rationale:** CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Given that the patient's injury was over 6 years ago it is not clear if he had an EMG of the lower extremities done in the past. In addition, there is a lack of documentation indicting a new trauma or change in the patient's symptoms. However the patient complained of continued 3-4/10 low back pain radiating to the left leg there is no rationale with regards to the necessity for an EMG at this time, given that an MRI results were documented and an additional MRI was requested. Therefore, the request for EMG of left lower extremity is not medically necessary.

**NCS of left lower extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 EMG/NCV).

**Decision rationale:** CA MTUS states that NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. In addition, ODG states that Nerve conduction studies (NCS) are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. However the patient's symptoms were presumed on the basis of radiculopathy. In addition, there is no rationale with regards to the necessity for a NCS testing for the patient. Lastly, given that the patient's injury was over 6 years ago it is not clear if he had a NCS testing of the lower extremities done in the past and there is a lack of documentation indicting a new trauma or change in the patient's symptoms. Therefore, the request for NCS of left lower extremity is not medically necessary.

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**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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**Decision rationale:** CA MTUS states that NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. In addition, ODG states that Nerve conduction studies (NCS) are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. However the patient's symptoms were presumed on the basis of radiculopathy. In addition, there is no rationale with regards to the necessity for a NCS testing for the patient. Lastly, given that the patient's injury was over 6 years ago it is not clear if he had a NCS testing of the lower extremities done in the past and there is a lack of documentation indicting a new trauma or change in the patient's symptoms. Therefore, the request for NCS of right lower extremity is not medically necessary.

**EMG of left lower extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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**Decision rationale:** CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Given that the patient's injury was over 6 years ago it is not clear if he had an EMG of the lower extremities done in the past. In addition, there is a lack of documentation indicting a new trauma or change in the patient's symptoms. However the patient complained of continued 3-4/10 low back pain radiating to the left leg there is no rationale with regards to the necessity for an EMG at this time, given that an MRI results were documented and an additional MRI was requested. Therefore, the request for EMG of left lower extremity was not medically necessary.