

<b>Case Number:</b>	CM14-0021071		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	10/21/2009
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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:

The patient is a 53-year-old male who has submitted a claim for lumbar sprain and strain, lumbosacral spondylosis without myelopathy, and osteoporosis associated with an industrial injury date of October 21, 2009. Medical records from 2013 to 2014 were reviewed. The patient complained of chronic lower back pain with radiation and paresthesias over the left lower extremity. Pain was aggravated by bending and lifting. Physical examination showed limited flexion, limited strength due to pain, and restricted ROM (Range of Motion). Treatment to date has included Non-Steroid Anti-Inflammatory Drugs (NSAIDs), anticonvulsants, trigger point injections, physical therapy, and surgeries. Utilization review from February 6, 2014 denied the request for EMG/NCV (Electromyography / Nerve Conduction Velocity) of bilateral lower extremities because there were no objective deficits consistent with radiculopathy or peripheral compression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG) for lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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

**Decision rationale:** According to page 303 of the ACOEM Low Back Guidelines as referenced by CA MTUS, electromyography (EMG) of the lower extremities is indicated to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, the patient presented with chronic lower back pain with radiation and paresthesias over the left lower extremity. However, progress report from January 22, 2014 showed no physical examination findings consistent with radiculopathy. In addition, there were no subjective complaints and physical examination findings pertaining to the right lower extremity. EMG/NCV of bilateral lower extremities done last September 25, 2013 showed chronic left L5 and S1 radiculopathy. CT of the lumbar spine done last February 4, 2014 showed moderate bilateral foraminal stenosis at L3-L4 and no appreciable spinal canal stenosis at any level. There were no significant changes and progression in the patient's condition that would warrant a repeat EMG. Therefore, the request for electromyography (EMG) for lower extremities is not medically necessary.

**Nerve Conduction Velocity (NCV) test for lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**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.

**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, 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, but it is recommended if the EMG is not clearly consistent with radiculopathy. In this case, the patient presented with chronic lower back pain with radiation and paresthesias over the left lower extremity. However, progress report from January 22, 2014 showed no physical examination findings consistent with neuropathy. In addition, a comprehensive neurologic examination is not available. Furthermore, there were no subjective complaints and physical examination findings pertaining to the right lower extremity. EMG/NCV of bilateral lower extremities done last September 25, 2013 showed chronic left L5 and S1 radiculopathy. There were no significant changes and progression in the patient's condition that would warrant a repeat NCV. Therefore, the request for nerve conduction velocity (NCV) test for lower extremities is not medically necessary.