

<b>Case Number:</b>	CM14-0024083		
<b>Date Assigned:</b>	03/14/2014	<b>Date of Injury:</b>	01/20/2004
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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 46-year-old male who has submitted a claim for decompression and fusion of the lumbar spine, seroma, and morbid obesity associated with an industrial injury date of January 20, 2004. The medical records from 2013 were reviewed. The patient complained of lower back pain with radiation to the right leg and burning sensation to both lower extremities. Physical examination showed negative SLR bilaterally, tenderness along T12-L5 and on the right knee along the joint line, and 5/5 MMT on both lower extremities. MRI of the lumbar spine from September 20, 2013 showed no significant spinal canal stenosis and moderate bilateral neural foraminal stenosis at L5-S1. Treatment to date has included NSAIDs, opioids, muscle relaxants, antidepressants, anticonvulsants, topical analgesics, aquatic therapy, physical therapy, TENS, and L2-L4 fusion (6/6/13). A Utilization review from December 10, 2013 denied the request for EMG/NCV of bilateral lower extremities. Reasons for denial were unavailable.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG BILATERAL LOWER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

**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 complained of lower back pain with radiation to the right leg and burning sensation to both lower extremities. Physical examination from November 19, 2013 showed negative SLR bilaterally and 5/5 MMT on both lower extremities. MRI of the lumbar spine from September 20, 2013 showed no significant spinal canal stenosis and moderate bilateral neural foraminal stenosis at L5-S1. Progress notes from October 8, 2013 reported that the patient had an EMG done, however, results were not included in the medical records. In addition, physical examination findings are not compatible with radiculopathy. Therefore, the request for EMG bilateral lower extremities is not medically necessary.

**NCS BILATERAL LOWER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES,.

**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, 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, but it is recommended if the EMG is not clearly consistent with radiculopathy. In this case, the patient complained of lower back pain with radiation to the right leg and burning sensation to both lower extremities. Physical examination from November 19, 2013 showed negative SLR bilaterally and 5/5 MMT on both lower extremities. MRI of the lumbar spine from September 20, 2013 showed moderate bilateral neural foraminal stenosis at L5-S1. A comprehensive neurological examination is not available. The medical necessity was not established due to insufficient objective findings presented and given that the MRI result showed probable nerve root impingement. Therefore, the request for NCS bilateral lower extremities is not medically necessary.