Case Number:	CM14-0028668		
Date Assigned:	06/16/2014	**Date of Injury:**	10/07/2013
Decision Date:	08/20/2014	**UR Denial Date:**	02/19/2014
Priority:	Standard	**Application Received:**	03/06/2014

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 & Rehabilitation, and is licensed to practice in Illinois. 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 injured worker is a 38-year-old male who reported an injury on 10/07/2013. The mechanism of injury was noted as lifting a case of water. Documented on clinical note dated 02/14/2014, the injured worker complained of lower back pain that was moderate to severe and radiated to the right leg. The injured worker also complained of mid-back pain that was moderate to severe and stiffness. The physical examination of the lumbar spine noted moderate to severe palpable tenderness and slightly improved lumbar spine range of motion (ROM). Lumbar extension was 8/25 degrees, right/left lateral flexion was 5/25 and right/left rotation was to 5/25 degrees. Lumbar examination also revealed positive Kemps. The examination noted a positive straight leg raise on the right. Additionally examination revealed a positive right Braggard's and a positive right bowstring testing, positive Ely's, positive Milgram's and positive Valsalva. Heel to toe walking was noted as +3/+5. Examination of the thoracic spine revealed moderate palpable tenderness, less hypertonic paraspinal muscles and positive Kemps. Within the documentation provided, a magnetic resonance imaging (MRI) of the lumbar spine without gadolinium was performed on 12/30/2013 which revealed mild congenital spinal stenosis of the lumbar spine and mild degenerative disc disease at L4-5 with mild bilateral facet osteoarthritis resulting in moderate central spinal stenosis, mild stenosis of the recesses and neural foramina. The clinical note dated 02/14/2014 noted the injured worker's diagnoses included lumbar spine, disc bulge; and thoracic spine, sprain/strain. Previous treatments were noted to include chiropractic treatment, physiotherapy, and therapeutic exercises. Medications as of 01/16/2014 included Medrol Dosepak, Norco 7.5mg and Soma 350mg. The provider wad requesting an electromyography (EMG) of the right and left lower extremities and a nerve conduction study (NCS) of the right and left lower extremities. The Request for Authorization form was dated

02/14/2014. The provider recommended an EMG/NCS of the bilateral lower extremities for evaluation and treatment with the option of epidural injections at L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) OF RIGHT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for electromyography (EMG) of right lower extremity is non-certified. The injured worker has a history of low back pain that radiates to the right lower extremity and to have participated in physical therapy. The California MTUS/ACOEM Guidelines state unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The guidelines note electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal, neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. The documentation provided noted that the injured worker has made satisfactory improvements after performing chiropractic physiotherapy and therapeutic exercise. The documentation noted that the injured worker made slight improvements in range of motion and reported a decrease in intensity and duration of pain. The documentation indicates the injured worker had a positive straight leg raise and the radiating pain to the right lower extremity. The clinical documentation correlates with the MRI performed on 12/30/2013. Given that the injured worker's physical exam findings correlate with imaging, it is unclear how further diagnostic testing would alter the injured worker's course of treatment. As such, the request for electromyography (EMG) of the right lower extremity is not medically necessary.

ELECTROMYOGRAPHY (EMG) OF LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, EMGs (electromyography).

Decision rationale: The request for electromyography (EMG) of left lower extremity is non-certified. The injured worker has a history of low back pain that radiates to the right lower extremity and to have participated in physical therapy. The California MTUS/ACOEM

Guidelines state unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The guidelines note electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal, neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. The documentation provided noted that the injured worker has made satisfactory improvements after performing chiropractic physiotherapy and therapeutic exercise. The documentation noted that the injured worker made slight improvements in range of motion and reported a decrease in intensity and duration of pain. The documentation indicates the injured worker had a positive straight leg raise and the radiating pain to the right lower extremity. The clinical documentation correlates with the MRI performed on 12/30/2013. Given that the injured worker's physical exam findings correlate with imaging, it is unclear how further diagnostic testing would alter the injured worker's course of treatment. As such, the request for electromyography (EMG) of the left lower extremity is not medically necessary.

NERVE CONDUCTION STUDY (NCV) RIGHT LOWER EXTEMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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, Nerve Conduction studies (NCS).

Decision rationale: The request for nerve conduction study (NCS), right lower extremity, is non-certified. The injured worker has a history of low back pain that radiates to the right lower extremity and to have participated in physical therapy. The Official Disability Guidelines (ODG) do not recommend nerve conduction studies (NCS) for low back complaints. The guidelines state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The guidelines further state that a systematic review and meta-analysis demonstrated that neurological testing procedures had limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. The documentation provided noted that the injured worker participated in chiropractic physiotherapy and therapeutic exercise, and has made some improvements. The documentation noted improvements in range of motion, and the injured worker reported a decrease in intensity and duration of pain. Additionally, the clinical note dated 02/14/2014 notes the injured worker had a positive straight leg raise and complaints of radiating pain from the lower back to the right lower extremity. Given that the injured worker's physical exam findings correlate with imaging, it is unclear how further diagnostic testing would alter the injured worker's course of treatment. Additionally, the guidelines do not recommend nerve conduction studies for injured workers who are presumed to have symptoms on the basis of radiculopathy. As such, the request for nerve conduction study (NCS), right lower extremity, is not medically necessary.

NERVE CONDUCTION STUDY (NCV) LEFT LOWER EXTEMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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, Nerve Conduction Studies (NCS).

Decision rationale: The request for nerve conduction study (NCS), left lower extremity, is non-certified. The injured worker has a history of low back pain that radiates to the right lower extremity and to have participated in physical therapy. The Official Disability Guidelines (ODG) do not recommend nerve conduction studies (NCS) for low back complaints. The guidelines state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The guidelines further state that a systematic review and meta-analysis demonstrated that neurological testing procedures had limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. The documentation provided noted that the injured worker participated in chiropractic physiotherapy and therapeutic exercise, and has made some improvements. The documentation noted improvements in range of motion, and the injured worker reported a decrease in intensity and duration of pain. Additionally, the clinical note dated 02/14/2014 notes the injured worker had a positive straight leg raise and complaints of radiating pain from the lower back to the right lower extremity. Given that the injured worker's physical exam findings correlate with imaging, it is unclear how further diagnostic testing would alter the injured worker's course of treatment. Additionally, the guidelines do not recommend nerve conduction studies for injured workers who are presumed to have symptoms on the basis of radiculopathy. As such, the request for nerve conduction study (NCS), left lower extremity, is not medically necessary.