

<b>Case Number:</b>	CM14-0032783		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/12/2013
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 53-year-old male who reported an injury on 11/12/2013 that reportedly occurred when his foot got caught in the seatbelt, which caused him to fall and hurt his left lower back and groin area. Previous treatment history included physical therapy, x-rays, surgery, EMG/NCS studies. The injured worker was evaluated on 03/31/2014 and it was documented that the injured worker complained of pain in his low back, legs, and knees. The injured worker had undergone a nerve conduction study and electromyography study of the lower extremities that revealed normal nerve conduction study. Abnormal electromyography. The findings are suggestive of bilateral chronic active L5 radiculopathy. The injured worker was evaluated on 03/25/2014 and it was documented the injured worker complained of pain in bilateral hips. The pain level was 8/10 on the pain scale. Physical examination revealed antalgic gait, positive Trendelenburg gait. Range of motion of the lumbosacral spine revealed flexion was 60 degrees, extension/right lateral flexion, and left lateral flexion was 25 degrees. Range of motion of the lumbar spine elicited pain. Right hip range of motion of thigh/hip revealed flexion was 80 degrees on the left, extension on the left was 20 degrees, abduction was 15 degrees, adduction was 10 degrees, internal rotation on the left was 20 degrees, and external rotation on the left was 30 degrees. Range of motion of the left hip elicited pain. Medications included tramadol, hydrocodone, and alprazolam. Request for Authorization was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG of the Bilateral Lower Extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** CA MTUS/ACEOM do not recommend 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 weeks or 4 weeks. The Official Disability Guidelines recommend electromyography as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1 month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. There was no mentioned of a home exercise regimen outcome measures. The injured worker has already had an EMG study of the bilateral extremities on 03/31/2014. There is no rationale to repeat the study. Given the above, the request for Electromyogram of the Bilateral Lower Extremities is not medically necessary.

**NCV of the Bilateral Lower Extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back. Nerve Conduction Velocity.

**Decision rationale:** The Official Disability Guidelines do not recommend NCV studies as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. There was no mentioned of a home exercise regimen outcome. The injured worker has already had an NCV of the bilateral lower extremities on 03/31/2014 there is no rationale why a repeat test is required. Given the above, the request for Nerve Conduction study of Bilateral Lower Extremities is not medically necessary.