

<b>Case Number:</b>	CM14-0038888		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	07/23/2013
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 36 year-old female who reports a work injury that took place on July 23, 2013. She states that on July 23, 2013, she hurt herself while she was trying to lower a box with four gallons of milk. Her diagnoses have included lumbar radiculopathy. She has been treated conservatively with medications, therapy, and activity modification. An epidural steroid injection was certified. An MRI August 2013 revealed disc protrusion at L4-5 and L5-S1. Under consideration is a request for a bilateral lower extremity EMG and nerve conduction study. There is a 2/20/14 office visit that states that the patient complains of pain in the mid back and low back with radiation to the right leg. She also complains of pain in the right shoulder. The pain is associated with numbness, tingling and weakness in the right leg. The pain is constant in frequency and mild in intensity. On examination of the lumbar spine reveals range of motion to forward flexion is 50 degrees, extension is 15 degrees, and side bending is 25 degrees to the right and 25 degrees to the left. Rotation is limited. There is normal bulk and tone in all major muscle groups of the lower extremities. No atrophy is noted Motor strength is 5/5 and symmetric throughout the bilateral lower extremities, except 4+/5 on right ankle plantar flexion and right great toe extension. There is diminished sensation in the right L4 and L5 dermatomes of the lower extremities. Reflexes are symmetric at 2+/4 in the bilateral lower extremities except in the right ankle, which is 1/4. The treatment plan states that a nerve conduction study/EMG of the BLE was requested to evaluate for lumbar radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG) bilateral lower extremities: 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- Nerve conduction studies (NCS).

**Decision rationale:** ACOEM guidelines. The guidelines state that Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The documentation does not indicate that the patient has any deficits of motor or sensation or reflex abnormalities in the in the left lower extremity on physical exam that would support a nerve conduction study/Electromyogram (EMG) on the left lower extremity. The documentation is not clear why a bilateral lower extremity study is needed. The ODG states that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy . The documentation indicates that the patient has lumbar radicular symptoms in the right leg. The request for nerve conduction study (NCS) bilateral lower extremities is not medically necessary. The ODG also states that EMGs (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. The request for nerve conduction study (NCS) bilateral lower extremities is not medically necessary.

**Nerve Conduction Study (NCS) bilateral lower extremities: 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- Nerve conduction studies (NCS).

**Decision rationale:** Nerve Conduction Study (NCS) bilateral lower extremities is not medically necessary per the MTUS ACOEM guidelines. The guidelines state that Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The documentation does not indicate that the patient has any deficits of motor or sensation or reflex abnormalities in the in the left lower extremity on physical exam that would support a nerve conduction study/Electromyogram (EMG) on the left lower extremity. The documentation is not clear why a bilateral lower extremity study is needed. The ODG states that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy . The documentation indicates that the patient has lumbar radicular symptoms in the right leg. The request for nerve conduction study (NCS) bilateral lower extremities is not

medically necessary. The ODG also states that EMGs (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. The request for nerve conduction study (NCS) bilateral lower extremities is not medically necessary.