

<b>Case Number:</b>	CM14-0040186		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	02/21/1990
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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:

This is a 49-year-old female patient with a 2/21/1990 date of injury. A progress report dated on 28/24/14 indicated that the patient complained of intractable back pain due to work injury. She described pain as sharp, burning with moderate severity and radiating to the left lower extremity. The pain aggravated with standing, walking, bending, and stooping. She stated that there was also weakness, numbness and tingling of the left lower extremity. Orthopedic examination dated on 4/7/14 demonstrated that there was decreased sensation of the L4, L5 and S1 patterns. MRI of the lumbar spine dated on 8/6/09 revealed small L5-S1 disc bulge which partially effaces the left lateral recess and abuts the traversing left S1 nerve root. There was moderate bilateral foraminal narrowing at L5-S1 and mild bilateral foraminal narrowing at L4-L5. She was diagnosed with Sciatica and Lumbar HNP without myelopathy. Treatment to date: medication management. There is documentation of a previous 4/4/14 adverse determination, based on the fact that the clinical findings did not appear to support medical necessity of EMG and NCV.

### 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 Chapter 12 Low Back Complaints Page(s): 287.

**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 Chapter).

**Decision rationale:** CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states stat EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. The patient presented with the pain in the lower back radiating to the left lower extremity. Orthopedic examination dated on 4/7/14 revealed decreased sensation over the L4, L5 and S1 patterns. MRI demonstrated small L5-S1 disc bulge which partially effaces the left lateral recess and abuts the traversing left S1 nerve root. There was moderate bilateral foraminal narrowing at L5-S1 and mild bilateral foraminal narrowing at L4-L5. However, Guidelines do not support EMG if radiculopathy is already clinically obvious. In addition, it was not clear how EMG study will affect the patient treatment plan. Therefore, the request for EMG of the bilateral lower extremities was not medically necessary.

**NCV of the bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

**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 Chapter).

**Decision rationale:** CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states stat EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. The patient presented with the pain in the lower back radiating to the left lower extremities. Orthopedic examination dated on 4/7/14 revealed decreased sensation over the L4, L5 and S1 patterns. MRI demonstrated small L5-S1 disc bulge which partially effaces the left lateral recess and abuts the traversing left S1 nerve root. There was moderate bilateral foraminal narrowing at L5-S1 and mild bilateral foraminal narrowing at L4-L5. However, Guidelines cited that NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. Therefore the request for NCV of the bilateral lower extremities was not medically necessary.