

<b>Case Number:</b>	CM14-0040342		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	03/15/2013
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 and 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 36-year-old male who reported an injury on 03/15/2013 due to the injured worker trying to straighten up from a forward flexion position while lifting a dock plate with a hook. Diagnostic studies related to the date of injury were not provided. Past treatments were for physical therapy. The injured worker complained of persistent pain with impairment to lower back. The injured worker's medications were Motrin. The treatment plan was for the request of electromyography of the left lower extremity and right lower extremity and nerve conduction stimulation of the right lower extremity and the left lower extremity. On physical examination dated 01/28/2014, there was tenderness to palpation in the lumbar spine which revealed increased muscle tension along the paraspinal region. Straight leg raise was negative bilaterally. There was decreased strength in plantar flexion of the bilateral big toes. Sensory and reflex testing were within normal limits in the bilateral lower extremities. The rationale for the request was to completely rule out the possibility of radiculopathy. The request for authorization form dated 01/17/2014 was provided with documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Electromyography of Left Lower Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines ,low back.

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

**Decision rationale:** The request for electromyography of the left lower extremity is not medically necessary. According to the California MTUS/ACOEM Guidelines, electromyography may be useful to identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks despite conservative treatment. On physical examination, there was weakness noted in the bilateral big toes; however, sensation and reflexes were noted to be within normal limits. Also, there is a lack of failure of conservative care as it was noted the injured worker had physical therapy but the number of sessions and efficacy of the therapy was not provided for review. Given the above, the request for electromyography of the left lower extremity is not medically necessary.

**1 Nerve conducting stimulation of Right Lower Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back, NCS (Nerve conducting studies).

**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.

**Decision rationale:** The request for nerve conducting stimulation of right lower extremity is not medically necessary. According to Official Disability Guidelines, nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. On physical examination, there was weakness noted in the bilateral big toes; however, sensation and reflexes were noted to be within normal limits. Also, there is a lack of failure of conservative care as it was noted the injured worker had physical therapy but the number of sessions and efficacy of the therapy was not provided for review. As such, the request is not medically necessary.

**1 Nerve conducting stimulation of Left Lower Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, NCS (Nerve Conducting Studies).

**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.

**Decision rationale:** According to Official Disability Guidelines, nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. On physical examination,

there was weakness noted in the bilateral big toes; however, sensation and reflexes were noted to be within normal limits. Also, there is a lack of failure of conservative care as it was noted the injured worker had physical therapy but the number of sessions and efficacy of the therapy was not provided for review. As such, the request is not medically necessary.

**1 Electromyography of right lower extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines ,Low Back EMGs (Electromyography).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

**Decision rationale:** The request for 1 Electromyography of right lower extremities is not medically necessary. According to the California MTUS/ACOEM Guidelines, electromyography may be useful to identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks despite conservative treatment. On physical examination, there was weakness noted in the bilateral big toes; however, sensation and reflexes were noted to be within normal limits. Also, there is a lack of failure of conservative care as it was noted the injured worker had physical therapy but the number of sessions and efficacy of the therapy was not provided for review. Given the above, the request for electromyography of the left lower extremity is not medically necessary.