

<b>Case Number:</b>	CM14-0046596		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	08/18/2013
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 47-year-old female patient, with an 8/18/13 date of injury. She injured herself when she slipped on water, lost her balance and landed on her right knee and lumbosacral spine. A progress report dated on 12/20/13 indicated that the patient complained of lumbosacral pain, with minimal pain improvement after 6 sessions of physical therapy treatment. He described his pain as dull and aching, in his lower back pain radiating to the bilateral legs. He also had numbness and tingling. Objective findings revealed L1-L5 point tenderness to palpation, and paresthesias. He was diagnosed with Lumbosacral pain. Treatment to date: physical therapy and medical management. There is documentation of a previous 3/14/14 adverse determination, based on the fact that there was no recorded sensory and motor deficit to indicate presence of central or peripheral neuropathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG of the left lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation, Online Edition. Chapter: Low Back, EMGs (electromyography).

**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 EMG/NCV).

**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 his lower back radiating to the bilateral legs. Physical findings revealed L1-L5 point tenderness to palpation, and parasthesias. However, there was obvious clinical radiculopathy. There was no indication specifically for the left leg. In addition, ODG cited EMGs are not necessary if radiculopathy is already clinically obvious. Therefore, the request for EMG of the left lower extremity was not medically necessary.

**EMG of the right lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation, Online Edition. Chapter: Low Back, EMGs (electromyography).

**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 EMG/NCV).

**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 of his lower back radiating to the bilateral legs. Physical findings revealed L1-L5 point tenderness to palpation, and parasthesias. However, clinical radiculopathy was already obvious. In addition, ODG cited EMGs are not necessary if radiculopathy is already clinically obvious. Therefore, the request for EMG of the right lower extremity was not medically necessary.

**NCS of the right lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation, Online Edition. Chapter: Low Back, Nerve conduction studies (NCS).

**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 EMG/NCV).

**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 of his lower back radiating to the bilateral legs. Physical findings revealed L1-L5 point tenderness to palpation, and parasthesias. However, the clinical radiculopathy was obvious. In addition, guidelines did not support NCS if the patient's symptoms are based on radiculopathy. Therefore, the request for NCS of the right lower extremity was not medically necessary.

**NCS of the left lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation, Online Edition. Chapter: Low Back, Nerve conduction studies (NCS).

**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 EMG/NCV).

**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 of his lower back radiating to the bilateral legs. Physical findings revealed L1-L5 point tenderness to palpation, and parasthesias. However, the clinical radiculopathy was obvious. In addition, guidelines do not support NCS if the patient's symptoms are based on radiculopathy. Therefore, the request for NCS of the left lower extremity was not medically necessary.