

<b>Case Number:</b>	CM14-0049806		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	05/16/2012
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 47 year old male who was injured on 5/16/2012. He was diagnosed with cervical spine sprain/strain syndrome, trapezius myofasciitis, left shoulder sprain/strain with impingement syndrome, lumbar sprain/strain with bilateral lumbar radiculitis, and insomnia, anxiety, and depression secondary to pain. He was treated with physical therapy, electrical stimulator unit use, chiropractor visits, and oral analgesics and muscle relaxants. An MRI of the lumbar spine was completed on 11/11/13 which revealed L4-L5 left paracentral and foraminal disc protrusion and left neuroforaminal narrowing, impingement of the L4 exiting nerve root and right neuroforaminal narrowing at L5-S1. The worker was seen by his pain specialist on 2/11/14 complaining of neck pain (rated 7/10 on pain scale), lower back pain (rated 8/10 on pain scale) which was described as sharp radiating down bilateral legs with equal numbness and tingling to the feet with low back muscle spasms, making it difficult to sit for longer than 30 minutes. Physical examination of the lumbar area revealed wide based gait, paraspinal tenderness, moderate facet tenderness, negative piriformis test, negative sacroiliac tests, positive straight leg raise bilaterally, positive Farfan Test bilaterally, lumbar decrease in range of motion, decreased sensation in the L4 dermatome on the right and the L5 dermatomes bilaterally, and decreased strength of the big toe extensions bilaterally as well as decreased knee extensor strength on the left. He was then recommended to get an EMG and NCV test of both legs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG OF RIGHT LOWER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) Guidelines state that for lower back complaints, nerve testing may be considered when the neurological examination is less clear for symptoms that last more than 3-4 weeks with conservative therapy. In the case of this worker, the diagnosis of lumbar radiculitis doesn't seem to be in doubt, and based on MRI imaging findings as well as physical examination findings, the diagnosis of radiculitis seems very clear. Additional testing (Electromyography (EMG) and Nerve Conduction Velocity (NCV)) would not likely change the diagnosis and wouldn't change the treatment plan in any significant way. Therefore, EMG testing for right lower extremities are all not medically necessary.

**NCV OF LEFT LOWER EXTREMITY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, LOW BACK NERVE CONDUCTION STUDIES.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) Guidelines state that for lower back complaints, nerve testing may be considered when the neurological examination is less clear for symptoms that last more than 3-4 weeks with conservative therapy. In the case of this worker, the diagnosis of lumbar radiculitis doesn't seem to be in doubt, and based on MRI imaging findings as well as physical examination findings, the diagnosis of radiculitis seems very clear. Additional testing (Electromyography (EMG) and Nerve Conduction Velocity (NCV)) would not likely change the diagnosis and wouldn't change the treatment plan in any significant way. Therefore, the NCV testing for the left lower extremities are all not medically necessary.

**NCV OF RIGHT LOWER EXTREMITY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, LOW BACK NERVE CONDUCTION STUDIES.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) Guidelines state that for lower back complaints, nerve testing may be considered when the neurological examination is less

clear for symptoms that last more than 3-4 weeks with conservative therapy. In the case of this worker, the diagnosis of lumbar radiculitis doesn't seem to be in doubt, and based on MRI imaging findings as well as physical examination findings, the diagnosis of radiculitis seems very clear. Additional testing (Electromyography (EMG) and Nerve Conduction Velocity (NCV)) would not likely change the diagnosis and wouldn't change the treatment plan in any significant way. Therefore, the NCV testing for right lower extremities are all not medically necessary.

**EMG OF LEFT LOWER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) Guidelines state that for lower back complaints, nerve testing may be considered when the neurological examination is less clear for symptoms that last more than 3-4 weeks with conservative therapy. In the case of this worker, the diagnosis of lumbar radiculitis doesn't seem to be in doubt, and based on MRI imaging findings as well as physical examination findings, the diagnosis of radiculitis seems very clear. Additional testing (Electromyography (EMG) and Nerve Conduction Velocity (NCV)) would not likely change the diagnosis and wouldn't change the treatment plan in any significant way. Therefore, EMG testing for the left lower extremities are all not medically necessary.