

<b>Case Number:</b>	CM14-0054158		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	11/11/2003
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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 Montana. 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 groundskeeper with a date of injury of 11/11/03. He injured the right shoulder, right knee and back, attempting to lift a grave stone. He has continued to have low back pain radiating into the right leg with no identified dermatomal pattern. He had initial electrodiagnostic testing in July 2008 which showed no lumbar radiculopathy. Repeat testing in November 2009 reported possible evidence for L4-5 radiculopathy on the right side. Additional electrodiagnostic testing in April 2011 found no evidence for lumbar radiculopathy. A fourth study in January 2013 again failed to demonstrate lumbar radiculopathy but did find a sensory demyelinating axonal polyperipheral neuropathy, likely secondary to diabetes mellitus. The injured worker does continue to complain of right upper extremity and right lower extremity pain with no definitive electrodiagnostic finding of radiculopathy. The patient's treatment has included medications, physical therapy, acupuncture, chiropractic and epidural steroid injections. The primary treating physician has requested EMG/NCS of the bilateral lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCS of the bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, low back - lumbar and thoracic (acute and chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Procedure Index, Electrodiagnostic Studies (EDS).

**Decision rationale:** The MTUS ACOEM guidelines note that electromyography, including H-reflex test, may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. The ODT guidelines note that electrodiagnostic testing is used to rule out radiculopathy, lumbar plexopathy or peripheral neuropathy. The injured worker has had electrodiagnostic testing on 4 different occasions, with the most recent being in January 2013, with no current finding of radiculopathy. The guidelines indicate that the number of tests should be the minimal number required to establish a diagnosis. In this case electrodiagnostic testing has established the absence of radiculopathy and the presence of peripheral neuropathy, likely secondary to diabetes mellitus. The medical records do not document new symptoms that would require a 5th set of electrodiagnostic studies. The primary treating physician has requested EMG/NCS of the bilateral lower extremities prior to repeating epidural steroid injections. The agreed medical evaluation examiner on, 4/27/13, noted that no further epidural steroid injections should be authorized based on history, objective findings, and lack of response to previous epidural steroid injections. The request for EMG/in CVS of the bilateral lower extremities is determined to be not medically necessary.