

<b>Case Number:</b>	CM14-0054215		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	06/25/2009
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/04/2014
<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 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:

The patient is a 29-year-old female who has submitted a claim for lumbar radiculopathy status post two lumbar fusions associated with an industrial injury date of 06/25/2009. Medical records from 02/08/2014 to 07/07/2014 were reviewed and showed that patient complained of low back pain (grade not specified) with numbness and weakness of feet. Physical examination of the lumbar spine revealed well-healed scars anteriorly and posteriorly, tightness and spasm of the lumbar spine, decreased lumbar range of motion, and normal Manual Muscle Test (MMT), Deep Tendon Reflexes (DTR), and sensation to light touch. Straight Leg Raise (SLR) test was positive at 60 degrees on the left. Treatment to date has included anterior lumbar interbody fusion L5-S1 (08/2010), posterior lumbar fusion (10/13/2011), and pain medications. Utilization review dated 04/04/2014 denied the request for EMG/NCV of bilateral lower extremities because the neurologic exam of bilateral lower extremities was normal. There were no red flag signs or signs of peripheral nerve entrapment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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, Nerve Conduction Studies (NCS) Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81.

**Decision rationale:** Regarding EMG, guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. Regarding NCV, guidelines state that there is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. A published study entitled, Nerve Conduction Studies in Polyneuropathy, cited that NCS is an essential part of the work-up of peripheral neuropathies. In this case, the patient complained of low back pain (grade not specified) with numbness and weakness of feet. Physical examination of the lumbar spine revealed positive SLR test on the left and normal MMT, DTR, and sensation to light touch. The patient presented with symptoms of neuropathy and NCV may be necessary. However, the present request as submitted also included EMG testing but clinical manifestations were not consistent with focal neurologic deficit. Therefore, the request for EMG/NCV of bilateral lower extremities are not medically necessary.