

<b>Case Number:</b>	CM14-0064937		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	10/26/2011
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 Emergency 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 injured worker is a 46 year-old male, who sustained an injury on October 26, 2011. The mechanism of injury occurred when he lifted a bucket of glass bottles. Diagnostics have included: EMG/NCV bilateral lower extremities dated February 7, 2012 was reported as showing mild left lower extremity indications of L4-S1 possible early radiculopathy; Lumbar MRI dated March 27, 2012 was reported as showing L3-4 retrolithesis and left paracentral disc extrusion with central canal stenosis and left neuro foraminal stenosis indenting the left L4 nerve root, L4-5 right paracentral disc protrusion with central canal and bilateral neuro foraminal stenosis, L5-S1 paracentral disc protrusion with central canal and bilateral neuro foraminal stenosis. Treatments have included: medications, physical therapy, HEP, activity restrictions. The current diagnoses are: lumbosacral neuritis, low back pain, lumbar radiculopathy. The stated purpose of the request for EMG of the Lower Left Extremities/NCV was to rule out lumbar spine radiculopathy versus peripheral nerve entrapment. The request for EMG of the Lower Left Extremities/NCV was denied on April 24, 2014 noting that referenced guidelines do not recommend electrodiagnostic testing in the case of clinically obvious radiculopathy and there was no documented acute clinical change since the 2012 electrodiagnostic studies. Per the report dated April 11, 2014, the treating physician noted complaints of chronic pain to the low back, left hip, left knee, left ankle and thighs, with radiation to the left lower extremity along with numbness and tingling and weakness. These symptoms are essentially unchanged since the date of the injury. Exam findings included restricted lumbar range of motion, paravertebral muscle spasms and tenderness, positive bilateral facet loading tests, positive left-sided straight leg raising tests, weakness to the left-sided extensor hallucis longus/ankle dorsiflexors and plantar flexors, and decreased sensation to the L4-S1 dermatomes on the left side.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG of the Lower Left Extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar and Thoracic, EMG's.

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

**Decision rationale:** The requested EMG of the Lower Left Extremities, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, page 303, Special Studies and Diagnostic and Treatment Considerations, note "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The injured worker has chronic pain to the low back, left hip, left knee, left ankle and thighs, with radiation to the left lower extremity along with numbness and tingling and weakness. The treating physician has documented restricted lumbar range of motion, paravertebral muscle spasms and tenderness, positive bilateral facet loading tests, positive left-sided straight leg raising tests, weakness to the left-sided extensor hallucis longus/ankle dorsiflexors and plantar flexors, and decreased sensation to the L4-S1 dermatomes on the left side. EMG/NCV bilateral lower extremities dated February 7, 2012 was reported as showing mild left lower extremity indications of L4-S1 possible early radiculopathy; Lumbar MRI dated March 27, 2012 was reported as showing L3-4 retrolithesis and left paracentral disc extrusion with central canal stenosis and left neuroforaminal stenosis indenting the left L4 nerve root, L4-5 right paracentral disc protrusion with central canal and bilateral neuroforaminal stenosis, L5-S1 paracentral disc protrusion with central canal and bilateral neuroforaminal stenosis. Based on the reported symptoms and physical exam findings, the diagnosis of lumbosacral radiculopathy is well supported. This is confirmed with findings from a 2012 electrodiagnostic study and imaging study. The treating physician has not documented an acute clinical change since the date of these diagnostic studies. The treating physician has not documented how the requested studies will change the current treating plan. The criteria noted above not having been met, EMG of the Lower Left Extremities is not medically necessary.

**NCV:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar and Thoracic, NCS.

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

**Decision rationale:** The requested NCV, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, page 303, Special Studies and Diagnostic and Treatment Considerations, note "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The injured worker has chronic pain to the low back, left hip, left knee, left ankle and thighs, with radiation to the left lower extremity along with numbness and tingling and weakness. The treating physician has documented restricted lumbar range of motion, paravertebral muscle spasms and tenderness, positive bilateral facet loading tests, positive left-sided straight leg raising tests, weakness to the left-sided extensor hallucis longus/ankle dorsiflexors and plantar flexors, and decreased sensation to the L4-S1 dermatomes on the left side. EMG/NCV bilateral lower extremities dated February 7, 2012 was reported as showing mild left lower extremity indications of L4-S1 possible early radiculopathy; Lumbar MRI dated March 27, 2012 was reported as showing L3-4 retrolithesis and left paracentral disc extrusion with central canal stenosis and left neuroforaminal stenosis indenting the left L4 nerve root, L4-5 right paracentral disc protrusion with central canal and bilateral neuroforaminal stenosis, L5-S1 paracentral disc protrusion with central canal and bilateral neuroforaminal stenosis. Based on the reported symptoms and physical exam findings, the diagnosis of lumbosacral radiculopathy is well supported. This is confirmed with findings from a 2012 electrodiagnostic study and imaging study. The treating physician has not documented an acute clinical change since the date of these diagnostic studies. The treating physician has not documented how the requested studies will change the current treating plan. The criteria noted above not having been met, NCV is not medically necessary.