

<b>Case Number:</b>	CM14-0065012		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	08/06/2011
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/07/2014
<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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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's original date of injury was August 6, 2011. The injured worker has diagnoses of chronic left shoulder pain, lumbar intervertebral disc disorder, lumbar radiculopathy, left knee pain. The disputed issue is a request for electrodiagnostic studies, which consists of electromyography and nerve conduction studies of both lower extremities. A utilization review determination on April 7, 2014 had modified this request to certify the electromyography, but noncertified the nerve conduction studies except for each reflex testing. The utilization reviewer makes the assertion that "nerve conduction study is not a recommended test for the question of the radiculopathy."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nerve Conduction Velocity (NCV) Left Lower Extremity:** Overturned

**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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 60-61.

**Decision rationale:** With regard to EMG/NCS of the lower extremities to evaluate for lumbar radiculopathy, Section 9792.23.5 of the California Code of Regulations, Title 8, page 6 adopts

ACOEM Practice Guidelines Chapter 12. ACOEM Chapter 12 on page 303 states: "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." The update to ACOEM Chapter 12 Low Back Disorders on pages 60-61 further states: "The nerve conduction studies are usually normal in radiculopathy (except for motor nerve amplitude loss in muscles innervated by the involved nerve root in more severe radiculopathy and H-wave studies for unilateral S1 radiculopathy). Nerve conduction studies rule out other causes for lower limb symptoms (generalized peripheral neuropathy, peroneal compression neuropathy at the proximal fibular, etc.) that can mimic sciatica."The reason for the electrodiagnostic study in this case is to evaluate for lumbar radiculopathy. The patient has positive neural tension signs including positive straight leg raise documented at 30 bilaterally as evidence in a progress note on December 3, 2013. The utilization reviewer makes the assertion that "nerve conduction study is not a recommended test for the question of the radiculopathy." However, updated ACOEM guidelines specify that nerve conduction studies are appropriate despite being normal in lumbar radiculopathy. The rationale for this is that the diagnosis of lumbar radiculopathy requires normal sensory nerve action potentials to corroborate that the lesion is proximal to the dorsal root ganglion. Therefore, it is standard of care to include nerve conduction studies along with the electromyography which was already certified by the utilization review determination. Given this, this request for nerve conduction studies is medically necessary.

**Nerve Conduction Velocity (NCV)Right Lower Extremity:** Overturned

**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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 60-61.

**Decision rationale:** With regard to EMG/NCS of the lower extremities to evaluate for lumbar radiculopathy, Section 9792.23.5 of the California Code of Regulations, Title 8, page 6 adopts ACOEM Practice Guidelines Chapter 12. ACOEM Chapter 12 on page 303 states: "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." The update to ACOEM Chapter 12 Low Back Disorders on pages 60-61 further states: "The nerve conduction studies are usually normal in radiculopathy (except for motor nerve amplitude loss in muscles innervated by the involved nerve root in more severe radiculopathy and H-wave studies for unilateral S1 radiculopathy). Nerve conduction studies rule out other causes for lower limb symptoms (generalized peripheral neuropathy, peroneal compression neuropathy at the proximal fibular, etc.) that can mimic sciatica."The reason for the electrodiagnostic study in this case is to evaluate for lumbar radiculopathy. The patient has positive neural tension signs including positive straight leg raise documented at 30 bilaterally as evidence in a progress note on December 3, 2013. The utilization reviewer makes the assertion that "nerve conduction study is not a recommended test for the question of the radiculopathy." However, updated ACOEM guidelines specify that nerve conduction studies are appropriate despite being normal in lumbar radiculopathy. The rationale for this is that the diagnosis of

lumbar radiculopathy requires normal sensory nerve action potentials to corroborate that the lesion is proximal to the dorsal root ganglion. Therefore, it is standard of care to include nerve conduction studies along with the electromyography which was already certified by the utilization review determination. Given this, this request for nerve conduction studies is medically necessary.