Case Number:	CM14-0066988		
Date Assigned:	07/11/2014	**Date of Injury:**	08/24/2012
Decision Date:	09/16/2014	**UR Denial Date:**	04/21/2014
Priority:	Standard	**Application Received:**	05/12/2014

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 55-year-old female who has submitted a claim for lumbar disc displacement with myelopathy, cervical disc herniation without myelopathy, status post inguinal hernia repair and anxiety associated with an industrial injury date of 08/24/2012. Medical records from 08/08/2013 to 07/11/2014 were reviewed and showed that the patient complained of moderate throbbing and aching low back pain (pain scale grade not specified) radiating down both lower extremities with associated numbness. Physical examination revealed 2+ spasm and tenderness over bilateral L3-S1 paraspinal muscles and multifidus. Lumbar Range of Motion (ROM) was decreased in all planes. Kemp's, Straight Leg Raise (SLR), and Yeoman's tests were positive bilaterally. Bilateral patellar and right ankle reflexes were decreased. MMT and sensation to light touch of lower extremities were not documented on the recent physical exam findings (06/24/2014). MRI of the lumbar spine dated 01/23/2014 revealed L4-5 posterior annular tear, disc protrusion, and abutment of L5 nerve roots bilaterally with mild central canal narrowing and L3-4 left foraminal disc protrusion with minimal abutment of exiting left L3 nerve root. Treatment to date has included acupuncture and pain medications such as Tramadol and Naproxen. A utilization review dated 04/21/2014 denied the request for a Electromyography/ Nerve Conduction Study to bilateral lower extremities because motor strength and sensory deficits were not documented to support findings consistent with radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyelography) study of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Low Back, Nerve Conduction Studies (NCS).

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

Decision rationale: CA MTUS supports, "the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In this case, the patient had chronic low back pain radiating to the left lower extremity with associated tingling and numbness sensation." In this case, the patient complained of low back pain (pain scale grade not specified) radiating down both lower extremities with associated numbness. Physical examination findings include positive Kemp's, (SLR), and Yeoman's tests and decreased bilateral patellar and right ankle reflexes. MMT and sensation to light touch of lower extremities were not documented on the recent physical exam findings (06/24/2014). The patient's clinical manifestations were not consistent with a focal neurologic deficit to support (EMG) study. Therefore, the request for (EMG) study of the left lower extremity is not medically necessary.

EMG (Electromyelography) study of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Low Back, Nerve Conduction Studies (NCS).

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

Decision rationale: CA MTUS supports, "the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In this case, the patient had chronic low back pain radiating to the left lower extremity with associated tingling and numbness sensation." In this case, the patient complained of low back pain (pain scale grade not specified) radiating down both lower extremities with associated numbness. Physical examination findings include positive Kemp's, SLR, and Yeoman's tests and decreased bilateral patellar and right ankle reflexes. MMT and sensation to light touch of lower extremities were not documented on the recent physical exam findings (06/24/2014). The patient's clinical manifestations were not consistent with a focal neurologic deficit to support (EMG) study. Therefore, the request for (EMG) study of the right lower extremity is not medically necessary.

NCV (Nerve Conduction Velocity) study of the left lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Low Back, Nerve Conduction Studies (NCS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, 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: The Official Disability 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 "Nerve Conduction Velocity (NCV) is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies." In this case, patient complained of low back pain (pain scale grade not specified) radiating down both lower extremities with associated numbness. Physical examination findings include positive Kemp's, SLR, and Yeoman's tests and decreased bilateral patellar and right ankle reflexes. NCV is a reasonable option for the patient who presents with symptoms of neuropathy. The request for NCV study of the left lower extremity is medically necessary.

NCV (Nerve Conduction Velocity) study of the right lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Low Back, Nerve Conduction Studies (NCS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, 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: The Official Disability 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 "Nerve Conduction Velocity (NCV) is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies." In this case, patient complained of low back pain (pain scale grade not specified) radiating down both lower

extremities with associated numbness. Physical examination findings include positive Kemp's, SLR, and Yeoman's tests and decreased bilateral patellar and right ankle reflexes. NCV is a reasonable option for the patient who presents with symptoms of neuropathy. The request for NCV study of the right lower extremity is medically necessary.