

<b>Case Number:</b>	CM14-0069421		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	02/24/2013
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 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:

According to the records made available for review, this is a 39-year-old female with a 2/24/13 date of injury. At the time of request for authorization for an electromyogram of the lateral lower extremities and nerve conduction studies, there is documentation of subjective (low back pain, right lower leg and ankle pain) and objective (left-sided thoracic and lumbar spasms, lumbar spinal paravertebral tenderness bilaterally, decreased sensation in the right lateral leg, lateral foot, and dorsal great toe and plantar right foot, decreased range of motion due to pain, 5-5/ muscle strength in quadriceps and hamstrings, 4+/5 motor strength ankle dorsiflexion, plantar flexion, inversion and eversion) findings. the lumbar spine MRI revealed 1-2 mm disc bulges at L3-4, L4-5, and L5-S1 and facet arthropathy bilaterally at L3-4, L4-5, and L5-S1. Her current diagnoses include lumbar spine degenerative disc disease/degenerative joint disease, right lower extremity radiculitis, lumbar spine sprain/strain, and lumbar spine contusion. Treatment to date has included activity modification, physiotherapy, and medications. Regarding the requested nerve conduction studies, there is no documentation of a rationale for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyogram of Lateral Lower Extremities:** Overturned

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

**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, Electrodiagnostic studies.

**Decision rationale:** ACOEM Guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. ODG Guidelines identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. Within the medical information available for review, there is documentation of diagnoses of lumbar spine degenerative disc disease/degenerative joint disease, right lower extremity radiculitis, lumbar spine sprain/strain, and lumbar spine contusion. In addition, there is documentation of evidence of radiculopathy after 1-month of conservative therapy. Therefore, based on guidelines and a review of the evidence, the request is medically necessary.

**Nerve Conduction Studies:** Upheld

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

**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, Electrodiagnostic studies.

**Decision rationale:** ACOEM Guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. ODG Guidelines identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, ODG does not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. There is documentation of diagnoses of lumbar spine degenerative disc disease/degenerative joint disease, right lower extremity radiculitis, lumbar spine sprain/strain, and lumbar spine contusion. Additionally, there is documentation of evidence of radiculopathy after 1-month of conservative therapy. However, there is no documentation of a rationale for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.