

<b>Case Number:</b>	CM14-0074064		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	02/06/2002
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 and Rehabilitation, has a subspecialty in Pain Management 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:

This is a male patient with the date of injury of February 2, 2002. A Utilization Review was performed on April 29, 2014 and recommended non-certification of EMG/NCV of lumbar and bilateral lower extremities and genetic narcotic testing. A Progress Report dated April 17, 2014 identifies Subjective Complaints of radiating pain to his right leg. He describes radiating pain to his right buttock and lower extremity traveling posteriorly to just above the knee. He reports numbness and tingling of both feet. He reports muscle spasms in his right leg. Objective findings identify lumbar spine flexion 70, extension 10, left lateral flexion 20, right lateral flexion 30. Reflexes left Achilles 1+, right Achilles 0+. Diagnoses identify low back pain, L4-5 large 8 to 9 mm disc extrusion, L3-4 and L2-3 3 to 4 mm disc protrusion, and left L5 radiculopathy. Treatment Plan identifies EMG/NCS lumbar spine/lower extremities and screening for the risk of addiction prior to initiating opioid therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV of lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. 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): 303. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

**Decision rationale:** Regarding the request for EMG/NCV of lumbar spine, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, there is documentation of symptoms and findings consistent with nerve compromise. However, there is an established diagnosis of Left L5 radiculopathy. Guidelines do not recommend performing electrodiagnostic studies when a patient is presumed to have symptoms on the basis of radiculopathy. Additionally, it is unclear what medical decision making will be based upon the outcome of this study. As such, the currently requested EMG/NCV of lumbar spine is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. 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): 303. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

**Decision rationale:** Regarding the request for EMG/NCV of bilateral lower extremities, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, there is documentation of symptoms and findings consistent with nerve compromise. However, there is an established diagnosis of Left L5 radiculopathy. Guidelines do not recommend performing electrodiagnostic studies when a patient is presumed to have symptoms on the basis of radiculopathy. Additionally, it is unclear what medical decision making will be based upon the outcome of this study. As such, the currently requested EMG/NCV of bilateral lower extremities is not medically necessary.

**Genetic narcotic testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter- Genetic testing for potential opioid abuse.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Cytokine DNA Testing, Genetic testing for Potential Opioid Abuse.

**Decision rationale:** Regarding the request for genetic narcotic testing, California MTUS and ACOEM do not contain criteria for this request. ODG states that cytokine DNA testing is not recommended. Additionally, they state that genetic testing for potential opioid abuse is not recommended. As such, the currently requested genetic narcotic testing is not medically necessary.