

<b>Case Number:</b>	CM14-0084392		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	11/06/1998
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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 and is licensed to practice in Nevada. 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 52 year-old male who was reportedly injured on 11/6/1998. The mechanism of injury is noted as an industrial injury. The most recent progress note dated 4/29/2014 indicates that there are ongoing complaints of low back pain. The physical examination demonstrated lumbar spine: limits range of motion. Right knee deep in reflex is slightly diminished compared to the left. Unable to obtain ankle deep tendon reflexes on today's exam. Patient is able to heel and toe walk though complaining of some weakness on the right when compared to left. No clonus. There is diminished sensation of the medial aspect of the right leg distally. Diagnostic imaging studies include a magnetic resonance image (MRI) of the lumbar spine from 4/11/2014 which reveals bilateral spondylolysis at L5 with grade 2 spondylolisthesis of L5-S1 causing severe narrowing of the neural foramina and impingement upon bilateral L5 nerve roots, resulting in mild to moderate essential spinal canal stenosis at L3-4. There is mild narrowing of the bilateral L3-4 and L4-5 neural foramina. Previous treatment includes medication and conservative treatment. A request was made for electromyogram and nerve conduction study of bilateral lower extremities, and was not certified in the pre-authorization process on 5/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG Bilateral Lower Extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309. Decision based on Non-MTUS Citation Official Disability Guidelines: Lumbar Chapter, Nerve Conduction Studies.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** American College of Occupational and Environmental Medicine practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a computed tomography or magnetic resonance image (MRI) is equivocal and there are ongoing lower extremity symptoms. After a review the medical documentation provided it is noted the most recent MRI does have positive findings. Also noted are positive objective clinical findings on physical exam to include decreased sensation along the medial aspect of the right leg, and absent ankle reflexes bilaterally. It is also noted that the patient would like to proceed with surgery, and the surgery has been offered previously. With a positive physical exam as well as recent diagnostic study (MRI) there is no need to pursue further testing, with radiculopathy and/or peripheral neuropathy, this request is considered not medically necessary.

**NCV Bilateral Lower Extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,309. Decision based on Non-MTUS Citation Official Disability Guidelines: Lumbar Chapter, Nerve Conduction Studies.

**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 - Lumbar & Thoracic (Acute & Chronic) - Nerve Conduction Studies - (updated 07/03/14).

**Decision rationale:** Lower Extremity Nerve Conduction Studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. (Al Nezari, 2013). In the management of spine trauma with radicular symptoms, Electromyogram/nerve conduction studies (EMG/NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. Therefore this request is deemed not medically necessary.