

<b>Case Number:</b>	CM14-0089307		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	10/12/2011
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 40 year old employee with date of injury of 10/12/2011. Medical records indicate the patient is undergoing treatment for status-post L4-S1 lumbar fusion (2009) and brachial neuritis NOS (not otherwise specified). Subjective complaints include left sided low back and groin region pain and frequent headaches. His groin pain is worsening and his range of motion (ROM) in his left hip has decreased. He has numbness in his left thigh and his leg feels swollen. He has tried anti-inflammatory medications and an epidural injection in 2012, neither of which have helped to date. Objective findings include an antalgic gait. He has 10 degrees of internal rotation and 25 degrees of external rotation in the left hip. He has a 30% loss of ROM. An MRI (2013) revealed an interval decrease of a disc bulge at L2-3 with only mild foraminal stenosis at L2-3. Previous MRIs of the hip and pelvis were normal. A previous MRI of the lumbar spine did not reveal a reason for the patient's symptomology. Treatment has consisted of Norco, Butrans patch, Neurontin, Requip, topiramate and Lunesta. The utilization review determination was rendered on 6/4/2014 recommending non-certification of an NCT left lower extremity and EMG left lower extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCT left lower extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS 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) Low Back - Lumbar & Thoracic (Acute & Chronic), EMG, NCV

**Decision rationale:** ODG does not recommend NCV testing by stating "There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." A previous MRI of the lumbar spine did not reveal a reason for the patient's symptomology. Additionally, the treating physician refers to clinically obvious radiculopathy on 5/8/14 by stating that the patient complains of low back pain radiating to the left groin and left thigh and calf. Additionally, the treating physician noted numbness in the thigh and that the patient's legs were swollen. As such, the request is not medically necessary.

**EMG left lower extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS 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) Low Back - Lumbar & Thoracic (Acute & Chronic), EMG, NCV

**Decision rationale:** ACOEM recommends "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." ODG further states that EMG is "Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." A previous MRI of the lumbar spine did not reveal a reason for the patient's symptomology. Additionally, the treating physician refers to clinically obvious radiculopathy on 5/8/14 by stating that the patient complains of low back pain radiating to the left groin and left thigh and calf. Additionally, the treating physician noted numbness in the thigh and that the patient's legs were swollen. As such, the request for EMG of the Lower Left Extremity is not medically necessary.