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| <b>Case Number:</b>   | CM14-0101140 |                              |            |
| <b>Date Assigned:</b> | 07/30/2014   | <b>Date of Injury:</b>       | 10/13/2011 |
| <b>Decision Date:</b> | 03/17/2015   | <b>UR Denial Date:</b>       | 05/29/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/01/2014 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: New York  
Certification(s)/Specialty: Internal Medicine

### 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 62 year old female sustained a work related injury on 10/13/2011. On 12/10/2013, the injured worker underwent electrodiagnostic studies of the lumbar spine and lower extremities. Results of the test included normal Electromyography studies of the lower extremities with no acute or chronic denervation potentials and normal Nerve Conduction Velocity studies of the lower extremities did not reveal any electrophysiological evidence of peripheral nerve entrapment. According to a progress report dated 04/14/2014, the injured worker complained of radicular neck pain, numbness and tingling of the left upper extremity, burning left shoulder pain, achy mid back pain and muscle spasms, sharp stabbing low back pain, right ankle pain, anxiety, stress, depression, difficulty sleeping and abdominal pain and discomfort. Examination of the lumbar spine revealed able to heel-toe walk with pain, squats to 15 percent, tenderness over the posterior superior iliac spine L3-L5, bilateral muscle guarding, and decreased range of motion, straight leg raise bilaterally positive and 20 and Braggard's bilaterally positive. The injured worker was awaiting an orthopedic surgeon consultation, sleep study and Electromyography and Nerve Conduction Velocity Studies of the left and right upper extremities and lower extremities. On 05/29/2014, Utilization Review non-certified Electromyography left lower extremity, Electromyography right lower extremity, Nerve Conduction Velocity Studies left lower extremity and Nerve Conduction Velocity Studies right lower extremity. According to the Utilization Review physician, the injured worker had some numbness and tingling of both legs, positive provocative tests on examination, however a negative neurologic examination of the lower extremities. Unlike the upper extremities the injured worker's symptoms are bilateral.

While this could represent disc herniation and nerve compromise, it is more likely functional given the many other complaints. It is unlikely the electrodiagnostic studies of the lower extremities would provide useful information. Guidelines cited for this review included CA MTUS ACOEM Low Back Complaints, Special Studies and Diagnostic and Treatment Consideration and Official Disability Guidelines Low Back. The decision was appealed for an Independent Medical Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **EMG Left 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 (ODG) EMG

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Special Studies and Diagnostic and Treatment Consideration, pg 303. Decision based on Non-MTUS Citation Low Back Chapter

**Decision rationale:** Guidelines state that Electromyography (EMG) may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks , and to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy. However, EMG's are not necessary if radiculopathy is already clinically obvious. The injured worker presents with complaints of radicular low back pain with associated numbness and tingling in both lower extremities. The diagnoses include Lumbar Spine Radiculopathy, Degenerative disc disease and Protruding disc syndrome. Chart documentation further indicates that previous EMG of the lower extremities was normal. The request for EMG of the left Lower extremity is not medically necessary.

#### **EMG Right 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 (ODG) EMG

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): Special Studies and Diagnostic and Treatment Consideration, pg 303. Decision based on Non-MTUS Citation Low Back Chapter

**Decision rationale:** Guidelines state that Electromyography (EMG) may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks , and to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy. However, EMG's are not necessary if radiculopathy is already clinically obvious. The injured worker presents with complaints of radicular low back pain with associated numbness and tingling in both lower extremities. The diagnoses include Lumbar Spine Radiculopathy, Degenerative disc disease and Protruding disc syndrome. Chart documentation further indicates

that previous EMG of the lower extremities was normal. The request for EMG of the right lower extremity is not medically necessary.

**NCV Left Lower Extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back- Nerve Conduction Study

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Special Studies and Diagnostic and Treatment Consideration, pg 303. Decision based on Non-MTUS Citation Low Back Chapter

**Decision rationale:** MTUS and ODG guidelines state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The injured worker presents with complaints of radicular low back pain with associated numbness and tingling in both lower extremities. The injured worker's diagnoses include Lumbar Spine Radiculopathy, Degenerative disc disease and Protruding disc syndrome. Documentation provided indicated that previous nerve conduction studies of the lower extremities were normal. Furthermore, the injured worker's symptoms are chronic. The request for NCV of the left lower extremity is not medically necessary.

**NCV Right Lower Extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back- Nerve Conduction Study

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Special Studies and Diagnostic and Treatment Consideration, pg 303. Decision based on Non-MTUS Citation Low Back Chapter

**Decision rationale:** MTUS and ODG guidelines state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The injured worker presents with complaints of radicular low back pain with associated numbness and tingling in both lower extremities. The injured worker's diagnoses include Lumbar Spine Radiculopathy, Degenerative disc disease and Protruding disc syndrome. Documentation provided indicated that previous nerve conduction studies of the lower extremities were normal. Furthermore, the injured worker's symptoms are chronic. The request for NCV of the right lower extremity is not medically necessary.