

<b>Case Number:</b>	CM14-0187975		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	07/29/2009
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	10/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2014

### 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 Internal Medicine, has a subspecialty in ENTER SUBSPECIALTY and is licensed to practice in Maryland. 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 employee was a 56 year old female who sustained an industrial injury on 07/29/09. The mechanism of injury was lifting trash up to a dumpster. Her diagnosis was left S1 radiculopathy. A lumbar spine x-ray from 01//14/13 was suggestive of multiple levels of degenerative disc disease. A prior electromyogram/nerve conductive study (EMG/NCS) from 09/29/09 of bilateral lower extremities showed mild left S1 radiculopathy. Her notes from March and May of 2014 were reviewed. Her complaints included pain in lumbar spine without radiation to lower extremities. Her physical findings included limited lumbar spine range of motion and positive heel and toe walk. Her medications included Norco and Soma. Her note from 06/16/14 was reviewed. Her complaints included pain in the lumbar spine at 7/10 radiating down the back of both legs with occasional numbness and tingling. The note from 09/09/14 was also reviewed. Her pain in the lumbar spine was 6/10 in severity and worsened to 8/10 with performing ADLs. Pertinent examination findings included limited lumbar spine range of motion to flexion of 40/60 degrees, extension to 25/25 degrees and lateral flexion on right to 25/25 degrees and left lateral flexion to 20/25 degrees. She was tender to palpation over the spinous processes of L5-S1, as well as mildly tender to palpation over the right and left SI joints. There was decrease in the sensation over the S1 dermatome of the left foot when compared to the right foot. Diagnoses included lumbar discopathy and radiculopathy, neuropathy of the lower limb, lumbar sprain/strain and mild left S1 radiculopathy per EMG/NCS performed on 09/29/09. The plan of care included x-rays of the lumbar spine, pain management evaluation, transcutaneous electrical nerve stimulation (TENS) unit, Norco, Tizanidine, MRI spine, EMG/NCS of the upper and lower extremities.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCS of the lumbar spine/bilateral lower extremities:** Upheld

**Claims Administrator 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 Chapter, NCV

**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 and Thoracic, Electrodiagnostic Studies

**Decision rationale:** The employee was a 56 year old female who sustained an industrial injury on 07/29/09. The mechanism of injury was lifting trash up to a dumpster. Her diagnosis was left S1 radiculopathy. A lumbar spine x-ray from 01//14/13 was suggestive of multiple levels of degenerative disc disease. A prior EMG/NCS from 09/29/09 of bilateral lower extremities showed mild left S1 radiculopathy. Her notes from March and May of 2014 were reviewed. Her complaints included pain in lumbar spine without radiation to lower extremities. Her physical findings included limited lumbar spine range of motion and positive heel and toe walk. Her medications included Norco and Soma. Her note from 06/16/14 was reviewed. Her complaints included pain in the lumbar spine at 7/10 radiating down the back of both legs with occasional numbness and tingling. The note from 09/09/14 was also reviewed. Her pain in the lumbar spine was 6/10 in severity and worsened to 8/10 with performing activities of daily living (ADLs). Pertinent examination findings included limited lumbar spine range of motion to flexion of 40/60 degrees, extension to 25/25 degrees and lateral flexion on right to 25/25 degrees and left lateral flexion to 20/25 degrees. She was tender to palpation over the spinous processes of L5-S1, as well as mildly tender to palpation over the right and left SI joints. There was decrease in the sensation over the S1 dermatome of the left foot when compared to the right foot. Diagnoses included lumbar discopathy and radiculopathy, neuropathy of the lower limb, lumbar sprain/strain and mild left S1 radiculopathy per EMG/NCS performed on 09/29/09. The plan of care included x-rays of the lumbar spine, pain management evaluation, TENS unit, Norco, Tizanidine, MRI spine, EMG/NCS of the upper and lower extremities. According to Official Disability guidelines, NCS is not recommended for radiculopathy. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs are recommended as an option to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy. The employee's available medical records reveal symptoms and signs of radiculopathy. The provider requested EMG and NCS for confirmation of radiculopathy. But she had a prior EDS done in 2009 that confirmed mild S1 radiculopathy on left side. Her symptoms seem to be continuing pain in lower back with occasional lower extremity radiation. Her signs are also suggestive of S1 radiculopathy. It is not clear why an updated EDS is being requested when the symptoms and signs have not changed to indicate a newer nerve compromise. Hence the request for bilateral lower extremity EMG/NCS is not medically necessary or appropriate.