

<b>Case Number:</b>	CM14-0198170		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	10/22/2013
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 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 34 year-old patient sustained an injury on 10/22/13. Diagnoses include thoracic or lumbosacral neuritis/radiculitis; intervertebral disc displacement without myelopathy/ lumbar sprain/ spinal stenosis without neurogenic claudication. There is history of lumbar spine surgery at L4-5 performed in 2006, thoracic musculo-ligamentous sprain/strain, and sleep difficulty. Report of 9/18/14 noted chronic ongoing complaints of mid and low back pain radiating to the right lower extremity associated with numbness and tingling; and insomnia. Exam of lumbar spine showed unchanged findings lumbar spine tenderness; slight to mild spasm muscle guarding over the paraspinal musculature; SLR positive on right extending to the foot; limited range of flex/ext/bending of 46/14/17 degrees; sensation decreased in right L-4 and L-5 dermatomal patterns; positive SLR, and intact motor strength without muscle weakness in the major muscles tested of the lower extremities. MRI of the lumbar spine showed post-operative changes at L4-5. The patient is temporarily total disabled. The follow up primary visit dated 10/14/14 showed the patient able to return to modified work with next visit in 8 weeks. Treatment included LSO, EMG/NCS and medication refills. A request for obtaining an EMG/NCV of right lower extremity was denied on 10/24/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV Right Lower Extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** Per Guidelines, NCS is not recommended as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Additionally, guidelines state electrodiagnostic studies to include needle EMG is recommended where a CT or MRI is equivocal and there are ongoing pain complaints that raise questions about whether there may be a neurological compromise that may be identifiable (i.e., leg symptoms consistent with radiculopathy, spinal stenosis, peripheral neuropathy, etc.). However, the patient already had an MRI of the lumbar spine showing disc protrusion resulting in stenosis and nerve compromise along with clinical neurological deficits consistent with lumbar radiculopathy negating any medical necessity for diagnostic EMG. The NCV Right Lower Extremity is not medically necessary and appropriate.

**EMG Right Lower Extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** Per Guidelines, NCS is not recommended as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Additionally, guidelines state electrodiagnostic studies to include needle EMG is recommended where a CT or MRI is equivocal and there are ongoing pain complaints that raise questions about whether there may be a neurological compromise that may be identifiable (i.e., leg symptoms consistent with radiculopathy, spinal stenosis, peripheral neuropathy, etc.). However, the patient already had an MRI of the lumbar spine showing disc protrusion resulting in stenosis and nerve compromise along with clinical neurological deficits consistent with lumbar radiculopathy negating any medical necessity for diagnostic EMG. The EMG Right Lower Extremity is not medically necessary and appropriate.