Case Number:	CM14-0203951		
Date Assigned:	12/16/2014	**Date of Injury:**	12/16/2013
Decision Date:	02/23/2015	**UR Denial Date:**	11/25/2014
Priority:	Standard	**Application Received:**	12/05/2014

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: California
Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 58-year-old female who sustained an original industrial injury on December 16, 2013. The mechanism of injury was being struck in the back by a sign. The industrial diagnoses include chronic low back pain, lumbar disc desiccation, and disc bulges noted at multiple levels on lumbar MRI. The patient has subjectively reported radiating tingling and numbness to the bilateral legs. The worker has been documented to have positive straight leg sign on examination. The disputed request is for electromyography. This was denied in a utilization review from November 25, 2014. The stated rationale included that there was no documentation of motor deficits or sensory deficits to suggest nerve impingement that would warrant an electromyogram/nerve conduction study.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV to lumbar spine: Overturned

Claims Administrator 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, EMGs (electromyography, Nerve conduction studies (NCS))

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 60-61. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies

Decision rationale: With regard to EMG/NCS of the lower extremities to evaluate for lumbar radiculopathy, Section 9792.23.5 of the California Code of Regulations, Title 8, page 6 adopts ACOEM Practice Guidelines Chapter 12. ACOEM Chapter 12 on page 303 states: "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." The update to ACOEM Chapter 12 Low Back Disorders on pages 60-61 further states: "The nerve conduction studies are usually normal in radiculopathy (except for motor nerve amplitude loss in muscles innervated by the involved nerve root in more severe radiculopathy and H-wave studies for unilateral S1 radiculopathy). Nerve conduction studies rule out other causes for lower limb symptoms (generalized peripheral neuropathy, peroneal compression neuropathy at the proximal fibular, etc.) that can mimic sciatica." Further guidelines can be found in the Official Disability Guidelines. The Official Disability Guidelines Low Back Chapter, states the following regarding electromyography: "Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. (Bigos. 1999) (Ortiz-Corredor. 2003) (Haig. 2005) EMGs may be required by the AMA Guides for an impairment rating of radiculopathy." (AMA 2001) With regard to nerve conduction studies, the Official Disability Guidelines Low Back Chapter states: "Nerve conduction studies (NCS) section: 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) However, it should be noted that this guideline has lower precedence than the ACOEM Practice Guidelines which are incorporated into the California Medical Treatment and Utilization Schedule, which do recommend NCS. Therefore, nerve conduction studies are recommended in evaluations for lumbar radiculopathy. According to a progress note from date of service September 11, 2014, the patient has radiating leg pains and documentation of mildly positive straight leg sign. There is documentation of a neurologic examination including normal date, normal reflexes, intact sensation, and full strength. MRI indicates multilevel disc bulges, but no obvious nerve root compression is identified. In cases such as this, there could be a chemical radiculitis which would be responsible for this patient's radicular symptoms as guidelines recommend EMG/NCS to identify neurologic issues. It is appropriate to test with electromyography both the lower extremities and the lumbar paraspinal muscles to assess for the presence of lumbar nerve root dysfunction. This request is medically necessary.