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| <b>Case Number:</b>   | CM14-0209940 |                              |            |
| <b>Date Assigned:</b> | 12/22/2014   | <b>Date of Injury:</b>       | 07/11/2014 |
| <b>Decision Date:</b> | 04/23/2015   | <b>UR Denial Date:</b>       | 11/20/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/15/2014 |

### 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 & Rehabilitation

### 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 53 year old male who sustained an industrial injury on 7/11/2014. Recently he returned for re-evaluation of worsening and symptomatic, left > right lower extremity pain, and low back pain. The injured worker has been diagnosed with, and/or impressions were noted to include, lumbar strain status: post motor vehicle accident: poor progress; subluxation of sacrum; lumbar neuritis/radiculitis; and myalgia/myofibrositis. Treatments to date have included consultation; x-rays: lumbar spine (7/14/14); magnetic resonance imaging studies: lumbar (9/23/14); physical therapy to include ice and electrical stimulation therapies; and medication management. The history notes a history of low back pain and sciatica, with lumbar epidural steroid injection therapy in (5/2013 versus) 5/2015, that provided 30% relief. The evaluation notes of 11/18/2014, note abnormal results on the electrodiagnostic consultation report, for the nerve conduction studies of the motor and sensory nerves of the bilateral lower extremities. He was noted to be classified as temporarily totally disabled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCS Bilateral Lower Extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official disability guidelines Low Back chapter: Nerve conduction studies (NCS) & EMG studies.

**Decision rationale:** This patient has a date of injury of 07/11/14 and presents with low back pain with numbness and tingling sensation in the left thigh. The current request is for EMG/NCS BILATERAL LOWER EXTREMITIES. MRI of the lumbar spine from 09/23/14 revealed moderate to severe facet degeneration at the lower levels, mild effacement of the anterior aspect of the thecal sac, minimal right greater than left foraminal narrowing at L4-5 and L5-S1. ACOEM Guidelines page 303 allows for EMG studies with H-reflex test to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. ODG guidelines have the following regarding EMG studies, "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." ACOEM is silent on NCV testing of the lower extremities. ODG (Online Low Back chapter: Nerve conduction studies (NCS) ODG states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." ODG for Electrodiagnostic studies (EDS) states, "NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back." There is no indication that prior EMG/NCV testing has been provided. In this case, the patient continues to complain of pain and radicular components and has had a MRI but the physician would like further diagnostic testing to obtain unequivocal evidence of radiculopathy. The requested EMG/NCV is in accordance with ACOEM/ODG and IS medically necessary.