

<b>Case Number:</b>	CM15-0003600		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	08/27/2014
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 53-year-old male, with a reported date of injury of 08/27/2014, when he slipped on water and fell. He was seen in the ER with negative X-rays and a diagnosis of lumbar strain. Treatments have included oral medications and physical therapy which helped slightly. The progress report dated 11/10/2014 indicates that the injured worker had low back pain which was worse with prolonged standing. The objective findings of the lumbar spine showed flexion at 50 degrees, extension at 20 degrees, left bending at 30 degrees, right bending at 30 degrees, positive straight leg raise at 70 degrees with L5-S1 distribution, and spasms and tenderness of the lumbar paraspinal muscles. The current diagnoses include lumbar spine sprain/strain and rule out herniated lumbar disc, cervical strain/sprain and right shoulder strain/sprain. The treating physician requested an electromyography (EMG) of the bilateral lower extremities and nerve conduction velocity (NCV) of the bilateral lower extremities to further evaluate for nerve injuries. On 12/15/2014, Utilization Review (UR) denied the request for an EMG of the left lower extremity, NCV of the left lower extremity, EMG of the right lower extremity, and NCV of the right lower extremity. The UR physician noted that there was no documentation of evidence of lower extremity motor or sensory dysfunction. The ACOEM Guidelines and the Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG of left lower extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, EMGs.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Procedure Index, Electromyography.

**Decision rationale:** The MTUS ACOEM guidelines note that electromyography (EMG), including H- reflex test, may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. The ODT guidelines note that electrodiagnostic testing is used to rule out radiculopathy, lumbar plexopathy or peripheral neuropathy. EMGs are recommended as an option (needle, not surface). 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. The injured worker has no complaint of motor or sensory dysfunction in the ER note of 8/27/14 or the treatment note of 10/11/14. There is a report of positive straight leg testing, however it is not clear whether that is a unilateral or bilateral finding. There is no indication that surgery is being considered and no indication of possible peripheral neuropathy or radicular symptoms with subtle focal neurologic dysfunction. The request for EMG of left lower extremity is not supported by the MTUS and is determined to be not medically necessary.

**NCV of right lower extremity: Upheld**

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

**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, Nerve conduction studies.

**Decision rationale:** The ODG guidelines state that Nerve Conduction Studies are 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) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. (Al Nezari, 2013) In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. EMGs (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. The injured worker has no

complaint of motor or sensory dysfunction in the ER note of 8/27/14 or the treatment note of 10/11/14. There is a report of positive straight leg testing, however it is not clear whether that is a unilateral or bilateral finding. There is no indication of possible peripheral neuropathy or radicular symptoms with subtle focal neurologic dysfunction. The request for nerve conduction velocity of the right lower extremity is not medically necessary.

**NCV of left lower extremity:** Upheld

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

**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, Nerve conduction studies.

**Decision rationale:** The ODG guidelines state that Nerve Conduction Studies are 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) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. (Al Nezari, 2013) In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. EMGs (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. The injured worker has no complaint of motor or sensory dysfunction in the ER note of 8/27/14 or the treatment note of 10/11/14. There is a report of positive straight leg testing, however it is not clear whether that is a unilateral or bilateral finding. There is no indication of possible peripheral neuropathy or radicular symptoms with subtle focal neurologic dysfunction. The request for nerve conduction velocity of the left lower extremity is not medically necessary.

**EMG of right lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, EMGs.

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**Decision rationale:** The MTUS ACOEM guidelines note that electromyography (EMG), including H- reflex test, may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. The ODG guidelines note that

electrodiagnostic testing is used to rule out radiculopathy, lumbar plexopathy or peripheral neuropathy. EMGs are recommended as an option (needle, not surface). 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. The injured worker has no complaint of motor or sensory dysfunction in the ER note of 8/27/14 or the treatment note of 10/11/14. There is a report of positive straight leg testing, however it is not clear whether that is a unilateral or bilateral finding. There is no indication that surgery is being considered and no indication of possible peripheral neuropathy or radicular symptoms with subtle focal neurologic dysfunction. The request for EMG of right lower extremity is not supported by the MTUS and is determined to be not medically necessary.