

<b>Case Number:</b>	CM15-0109606		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	06/18/2014
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 51-year-old male, who sustained an industrial/work injury on 6/18/14. He reported initial complaints of back pain. The injured worker was diagnosed as having lumbar discogenic syndrome. Treatment to date has included medication, physical therapy, acupuncture, and chiropractic treatment. MRI results were reported on 2/9/15. Electromyography and nerve conduction velocity test (EMG/NCV) was performed on 5/4/15 that revealed bilateral lumbar radiculopathy. Currently, the injured worker complains of continued low back pain with radiation to the bilateral lower extremities, (L>R). Pain was rated 5/10 and associated with intermittent numbness and tingling. Gait was unsteady at times due to numbness. Per the primary physician's progress report (PR-2) on 4/29/15, exam noted decreased range of motion with tenderness with palpation in the lumbar paraspinal muscles. Current plan of care included neurosurgeon evaluation after diagnostic testing and refill of medication, trial with Gabapentin, and continue of home exercise program and transcutaneous electrical nerve stimulation (TENS) unit. The requested treatments include (EMG/NCS) electromyography of lower extremities and nerve conduction velocity of lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography of lower extremities:** 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, Lumbar and Thoracic (Acute and Chronic), Electromyography.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 287-326, page(s) 165-188, page 261.

**Decision rationale:** The MTUS Guidelines discuss that electromyography (EMG) of the legs may be helpful when the worker is experiencing lower back pain and subtle, focal neurologic issues lasting longer than a month. This testing is recommended to clarify nerve root dysfunction, especially when a bulging lower back disk is suspected. This testing is not recommended for clinically obvious radiculopathy. The submitted and reviewed documentation reported the worker was experiencing lower back pain that went into the legs with numbness and tingling and improved abdominal pain. The documented examinations did not describe subtle neurologic findings, and there was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for electromyography (EMG) testing of both legs is not medically necessary.

**Nerve Conduction Velocity of lower extremities:** 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, Lumbar and Thoracic (Acute and Chronic), Nerve Conduction Velocity.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 287-326, page(s) 165-188, page 261.

**Decision rationale:** The ACOEM Guidelines recommend the use of nerve conduction velocity (NCV) testing to identify subtle focal neurologic dysfunction in those with neck and/or arm symptoms and to help separate carpal tunnel syndrome from other conditions, such as cervical radiculopathy. The submitted and reviewed documentation reported the worker was experiencing lower back pain that went into the legs with numbness and tingling and improved abdominal pain. There was no discussion suggesting subtle neurologic findings in the neck or any arm issues or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for nerve conduction velocity (NCV) testing of both legs is not medically necessary.