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| <b>Case Number:</b>   | CM15-0131459 |                              |            |
| <b>Date Assigned:</b> | 07/17/2015   | <b>Date of Injury:</b>       | 01/06/2014 |
| <b>Decision Date:</b> | 08/17/2015   | <b>UR Denial Date:</b>       | 06/18/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/07/2015 |

### 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: Texas, New York, California  
 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 applicant is a represented 41-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 6, 2014. In a Utilization Review report dated June 18, 2015, the claims administrator failed to approve a request for EMG-NCV testing of the lumbar spine. The claims administrator referenced an April 20, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On April 20, 2015, the applicant reported ongoing complaints of low back pain radiating to the right lower extremity. Electrodiagnostic testing and an epidural steroid injection were sought. Six additional chiropractic treatments were endorsed. The applicant was given work restrictions. It was not clearly stated whether the applicant was or was not working on this date. On an earlier note dated March 18, 2015, the treating provider reported that the applicant was off of work as the employer was unable to accommodate suggested limitations. On May 21, 2015, the applicant reported 80% axial back pain versus 20% radicular right leg pain. 5 to 6/10 pain complaints were noted. The applicant was not working, it was acknowledged. The applicant was given a primary operating diagnosis of lumbar radiculopathy. The attending provider stated that the applicant had lumbar MRI imaging demonstrating an L5-S1 disk herniation with associated S1 nerve root impingement. The attending provider also stated that the applicant's presentation was in fact suggestive of an L5-S1 radiculopathy. An L5-S1 epidural steroid injection and right lower extremity electrodiagnostic testing were sought. Neurontin and diclofenac were also endorsed. The applicant was given a rather proscriptive 10-pound lifting limitation which, as previously

stated, the applicant's employer was unable to accommodate. The applicant's past medical history was negative for diabetes or hepatitis, it was reported.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**EMG/NCV of the lumbar spine:** Upheld

**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): 309; 377.

**Decision rationale:** No, the request for EMG-NCV testing of the lumbar spine is not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, EMG testing is deemed "not recommended" for applicants who carry a diagnosis of clinically obvious radiculopathy. Here, the applicant did, in fact, carry a diagnosis of clinically obvious radiculopathy, radiographically confirmed. The applicant was described as having ongoing complaints of low back pain radiating to the right leg on May 21, 2015 office visit, referenced above. The attending provider stated that the applicant's presentation was suggestive of an L5-S1 radiculopathy with radiographic evidence of a disk herniation at the L5-S1 level present, with associated right S1 nerve root impingement. The applicant was given radiculopathy, presumably for radicular pain complaints, on that date. Epidural steroid injections were sought, again presumably for radicular pain complaints. The applicant was given a primary operating diagnosis for lumbar radiculopathy. It was not clear, in short, why EMG testing was sought in the face of the applicant's carrying a diagnosis of clinically-obvious, radiographically-confirmed radiculopathy. Similarly, the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377 also notes that electrical studies (AKA nerve conduction testing) are "not recommended" without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies. Here, there was no mention of the applicant's having issues with the tarsal tunnel syndrome, entrapment neuropathy, generalized peripheral neuropathy, diabetic neuropathy etc., on the May 21, 2015 progress note referenced above. Lumbar radiculopathy would be sole item on the differential diagnosis list. The applicant did not carry any systemic disease process such as diabetes or hypothyroidism which would have heightened her previous position toward development of a generalized peripheral neuropathy. Therefore, the request is not medically necessary.