

<b>Case Number:</b>	CM15-0166440		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	07/07/2011
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: 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 40-year-old male who sustained an industrial injury on 7-7-11. His initial complaint was "feeling a pop in his back and neck." The injury was sustained while moving a heavy object, weighing approximately 100 pounds, without assistance. He was examined by medical personnel following the injury. X-rays and an MRI of the lumbar spine were completed. He was treated with conservative treatment. The Primary Treating Physician's First Report of Occupational Injury, dated 7-14-15, indicates that the injured worker has diagnoses of lumbar spine radiculitis, lumbar spine disc injury, lumbar spine myofasciitis. Other diagnoses listed as "not accepted" include cervical spine radiculitis, cervical spine disc injury, cervical spine myofasciitis, and excessive weight gain. His complaints on the 7-14-15 visit included low back pain, which was noted to be "frequent to constant sharp, aching, pins and needles pain, and stiffness of the low back." He rated the pain "7-9 out of 10." He also completed of neck pain, indicating that it was "frequent to constant sharp, aching, stiff pain in the neck rated 7-8 out of 10." The treatment plan was to request authorization for an MRI of the lumbar spine to rule out soft tissue pathology, request authorization for EMG-NCV nerve study of the lower extremities to determine lumbar radiculopathy and-or neuropathy, request authorization for a custom LSO back brace for daily use, and request authorization for an electrical stimulator for home and workplace use to reduce pain, swelling, and inflammation, as an adjunctive therapy to facilitate range of motion and active physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCS of the BLE: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**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 chapter, under EMGs, Low Back chapter, under Nerve conduction studies.

**Decision rationale:** The patient was injured on 07/07/11 and presents with pain in his neck and lower back. The request is for an EMG/NCS of the bilateral lower extremity to determine lumbar radiculopathy and/or neuropathy. The utilization review rationale is that "nerve conduction studies were requested without any clear evidence of significant radiculopathy." The RFA is dated 07/20/15 and the patient is able to perform usual work. Review of the reports provided indicates that the patient had a prior EMG study on 06/14/12 which revealed that there was "no electrodiagnostic evidence of lumbar radiculopathy, bilaterally." There is only one progress report provided from 07/14/15. ODG Guidelines, Low Back chapter, under EMGs (electromyography) ODG states, "Recommended as an option needle, not surface. EMGs 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." ODG Guidelines, Low Back chapter, under Nerve conduction studies (NCS) 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 states, "NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back." The patient has slight tenderness with palpation of the lumbar spine paravertebral muscles with muscle guarding, a mild antalgic gait with a limp on the left, a positive straight leg raise, a positive sitting root test, and a positive standing Kemp's test. He is diagnosed with lumbar spine radiculitis, lumbar spine disc injury, and lumbar spine myofasciitis. The treater is requesting for another EMG/NCS of the lower extremities to determine lumbar radiculopathy and/or neuropathy. Due to the patient's increase in radicular pain, the request appears reasonable. The requested EMG/NCS is medically necessary.