Case Number:	CM15-0168380		
Date Assigned:	09/09/2015	**Date of Injury:**	02/23/2011
Decision Date:	10/09/2015	**UR Denial Date:**	07/30/2015
Priority:	Standard	**Application Received:**	08/26/2015

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:

This 49 year old male sustained an industrial injury to the back on 2-23-11. Previous treatment included lumbar fusion at posterior L3-S1 (1-8-13), removal of hardware (2-7-14), physical therapy, epidural steroid injections, psychiatric care and medications. In a PR-2 dated 3-5-15, the injured worker complained of low back pain with radiation to bilateral lower extremities rated 4 out of 10 on the visual analog scale. Physical exam was remarkable for lumbar spine with tenderness to palpation to the paraspinal musculature with spasms, negative seated nerve root test, restricted and guarded range of motion and normal strength and sensation. In an initial orthopedic evaluation dated 6-25-15, the injured worker complained of low back pain with radiation to bilateral lower extremities. Physical exam was remarkable for lumbar spine bilateral paraspinal tenderness to palpation, left hypertonicity, positive left straight leg raise, restricted range of motion and decreased sensation at the left L5 and S1 distribution. Current diagnoses included status post lumbar fusion, status post hardware removal and rule out recurrent or residual lumbar disc herniation, status post lumbar fusion and status post lumbar hardware removal. The physicain stated that the injured worker was in need of an updated diagnostic magnetic resonance imaging to rule out worsening or adjacent segment level disease or stenosis as well as electrodiagnostic testing to evaluate lumbar spine radiculopathy versus peripheral process. The treatment plan included magnetic resonance imaging lumbar spine, electromyography and nerve conduction velocity test of bilateral lower extremities and medications (Ultram, Ibuprofen and Lidoderm patches). Utilization Review denied the request for electromyography and nerve conduction velocity test of bilateral lower extremities noting

lack of medical necessity for simultaneous magnetic resonance imaging and electrodiagnostic testing and citing ACOEM guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography)/ NCV (nerve conduction study), Bilateral Lower Extremities: 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 02/23/11 and presents with low back pain radiating to both legs with weakness/numbness/tingling. The request is for an EMG (Electromyography) / NCV (Nerve Conduction Study) Of The Bilateral Lower Extremities. The utilization review rationale is that the treater requested for a MRI of the lower back as well as the EMG/NCS of the lower extremities and "it is rarely medically necessary to consider both structural and physiological testing simultaneously for diagnostic testing, as they are complimentary studies, with the need for one or the other determined based on a review of the results of any testing deemed necessary as it correlates to the clinical presentation." The RFA is dated 06/25/15 and the patient has the following work restrictions: avoid activities that require repetitive bending/lifting and lifting greater than 20 pounds. Review of the reports provided does not indicate if the patient had a prior EMG/NCV study of the lower extremities. 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 Electrodiagnositic 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 tenderness to palpation to the paraspinal musculature with spasms, a restricted/guarded range of motion, and a positive straight leg raise on the left. He is diagnosed with status post lumbar fusion, status post hardware removal and rule out recurrent or residual lumbar disc herniation, status post lumbar fusion and status post lumbar hardware removal. The reason for the request is not provided and there is no indication that a prior EMG/NCV testing has been done. Given the patient's continued complaints of low back pain with radicular components, further diagnostic testing may be useful to obtain unequivocal evidence of radiculopathy. The requested EMG/ NCV of the bilateral lower extremities is medically necessary.