Case Number:	CM15-0168483		
Date Assigned:	09/09/2015	**Date of Injury:**	07/08/2010
Decision Date:	10/13/2015	**UR Denial Date:**	08/07/2015
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:

The injured worker is a 52 year old female, who sustained an industrial injury on 7-8-10. The injured worker is undergoing treatment for chronic lumbar pain with lower extremity weakness. Medical records dated 5-22-15 persistent weakness in the legs and falls. Physical exam notes tenderness to palpation of the para lumbar area with negative straight leg raise and "grossly intact neurovascular exam". A medical record note dated 7-8-15 indicates previous treatment has included physical therapy "without significant improvement" and several epidural steroid injections that were not useful. The record indicates overall, there are no significant changes and that falling is the major issue. The original utilization review (8-7-15) found the request for electromyogram and nerve conduction study of lower extremities was not medically necessary, indicating "physical exam noted normal neurovascular exam".

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) 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 - Lumbar & Thoracic (Acute & Chronic) chapter under EMGs (electromyography)Low Back - Lumbar & Thoracic (Acute & Chronic) chapter under Nerve conduction studies (NCS).

Decision rationale: The patient presents with low back pain. She is complaining of persistent weakness of her legs that causes her to fall. The request is for Electromyography (EMG) bilateral lower extremities. The request for authorization is not provided. Physical examination reveals tenderness at the paralumbar region and a non-antalgic gait. She has negative straight leg raising of the lower extremities. Neurovascular exam is grossly intact. She has been through physical therapy three times without any significant improvement. She had several steroid epidural injections plus the piriformis injection. Per progress report dated 05/22/15, the patient continues regular work. ODG Guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'EMGs (electromyography)', state that EMG studies 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." ODG Guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Nerve conduction studies (NCS)', states that NCV 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." Per progress report dated 05/22/15, treater's reason for the request is "to evaluate the weakness that she is having in the legs." In this case, the patient continues with low back pain and radicular symptoms to her legs. Given the patient's lower extremity symptoms, EMG study would appear reasonable. Review of provided medical records show no evidence that this patient has had a prior bilateral lower extremities EMG study done. Therefore, the request is medically necessary.

Nerve Conduction Studies (NCS) of the bilateral lower extremities: Overturned

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 Chapter.

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 - Lumbar & Thoracic (Acute & Chronic) chapter under EMGs (electromyography)Low Back - Lumbar & Thoracic (Acute & Chronic) chapter under Nerve conduction studies (NCS).

Decision rationale: The patient presents with low back pain. She is complaining of persistent weakness of her legs that causes her to fall. The request is for Nerve Conduction Studies (NCS) of the bilateral lower extremities. The request for authorization is not provided. Physical examination reveals tenderness at the paralumbar region and a non-antalgic gait. She has negative straight leg raising of the lower extremities. Neurovascular exam is grossly intact. She has been through physical therapy three times without any significant improvement. She had

several steroid epidural injections plus the piriformis injection. Per progress report dated 05/22/15, the patient continues regular work. ODG Guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'EMGs (electromyography)', state that EMG studies 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." ODG Guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Nerve conduction studies (NCS)', states that NCV 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." Per progress report dated 05/22/15, treater's reason for the request is "to evaluate the weakness that she is having in the legs." In this case, the patient continues with low back pain and radicular symptoms to her legs. Given the patient's lower extremity symptoms, NCV study would appear reasonable. Review of provided medical records show no evidence that this patient has had a prior bilateral lower extremities NCS study done. Therefore, the request is medically necessary.