

<b>Case Number:</b>	CM15-0181584		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	09/09/2014
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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 49-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 9, 2014. In a Utilization Review report dated August 21, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of the bilateral lower extremities. The claims administrator referenced an August 14, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On said August 14, 2015 office visit, the applicant reported ongoing complaints of low back pain. The applicant was on Neurontin, tramadol, and unspecified medications for diabetes, it was reported. The applicant also had superimposed issues with hypertension and gout, it was reported. The note was difficult to follow and not altogether legible but did seemingly suggest that the applicant had complaints of low back pain radiating predominantly to the right leg but also, at times, to the left leg. Left leg dysesthesias were evident on exam with 5/5 motor function evident. The applicant was apparently asked to obtain electrodiagnostic testing of the bilateral lower extremities. The note was very difficult to follow and did not explicitly state how the electrodiagnostic testing will influence or alter the treatment plan. The treating provider did state, moreover, that he was in the process of obtaining the results of previously performed MRI imaging. The treating provider also stated that the applicant had recently quit drinking.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **EMG and NCV of Bilateral Lower Extremities: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG ,Low Back.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd. ed., Chronic Pain, pg. 848.

**Decision rationale:** No, the request for electrodiagnostic testing (EMG/NCV) of the bilateral extremities was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 does recommend EMG testing to clarify diagnosis of suspected nerve root dysfunction, here, however, the attending provider's handwritten progress note of August 14, 2015 was difficult to follow, not altogether legible, and failed to clearly outline why MRI imaging was sought and/or how said MRI imaging would influence or alter the treatment plan. The requesting provider was seemingly unaware of the results of previously performed lumbar MRI imaging, which, if positive, would have effectively obviated the need for the EMG testing in question as the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 notes that EMG testing is deemed "not recommended" for applicants who carry a diagnosis of clinically obvious radiculopathy. The MTUS does not address the topic of nerve conduction testing for applicants with a primary complaint of low back pain. While the Third Edition ACOEM Guideline Chronic Pain Chapter does acknowledge that nerve conduction testing is recommended when there is suspicion of a peripheral systemic neuropathy of uncertain cause, here, again, the August 14, 2015 progress note was difficult to follow, thinly developed, not altogether legible, and made no explicit mention of why the electrodiagnostic testing in question was ordered. While the applicant did have a systemic disease process (diabetes) present which would have increased the likelihood of the applicant's developing a generalized peripheral neuropathy, the August 14, 2015 office visit, however, made no mention of a generalized peripheral neuropathy being on the differential diagnosis list. Since both the EMG and NCV components of the request were not indicated, the entire request was not indicated. Therefore, the request was not medically necessary.