

<b>Case Number:</b>	CM15-0181955		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	01/23/2015
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	08/31/2015
<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, California

Certification(s)/Specialty: Family Practice

### 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 73 year old male who sustained an industrial injury on 1-23-15. A review of the medical records indicates he is undergoing treatment for lumbar strain, right L5-S1 lumbar radiculopathy, ligament and muscle strain and spasm, and foot drop and atrophy on the right side. Medical records (3-27-15 to 8-7-15) indicate ongoing complaints of lower back pain radiating to the right leg. He has rated the pain "4-7 out of 10" during the 3-27-15 and 4-24-15 visits. His pain is associated with numbness and tingling of the right lower extremity. He has developed increased weakness and foot drop with atrophy on the right side (6-12-15, 8-7-15). The physical exam (4-24-15) reveals tenderness to palpation over the lumbar paraspinal muscles with limited range of motion due to pain in the lumbar spine. The straight leg raise is positive on the right side. Sensation is diminished to L5-S1 pattern, right side. The motor strength examination and deep tendon reflex examination were within normal limits. Babinski sign, Hoffmann sign, and Clonus were negative. Treatment has included topical and oral medications, a Toradol injection, trigger point injections, chiropractic treatment, physical therapy, acupuncture, and epidural injection at L5-S1, and back surgery in 2011. Diagnostic studies have included an EMG- NCV on 7-1-15 and an MRI of the lumbar spine. The treating provider indicates on 8-7-15 that the EMG-NCV study of bilateral lower extremities is "very disturbing", as the injured worker has developed foot drop and atrophy of the right side. The EMG study revealed peroneal neuropathy and no lumbar radiculopathy. The MRI findings revealed spondylolisthesis grade and severe foraminal stenosis. A recommendation to repeat the study was made, as the provider states "I think this is a very poorly done study". The request for authorization (8-25-15) includes EMG-NCV of bilateral lower extremities. The utilization review (8-31-15) indicates denial of the requested service. The medication list includes Glucosamine, and Naproxen. The patient has had X-ray of lumbar spine that revealed loss of disc height.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **EMG/NCV of 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 (ODG) Pain - Electrodiagnostic testing.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Request: EMG/NCV of bilateral lower extremities. Per ACOEM chapter 12 guidelines, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." Per the ACOEM guidelines cited below, "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." The patient has a foot drop and atrophy on the right side. Medical records (3-27-15 to 8-7-15) indicate ongoing complaints of lower back pain radiating to the right leg. His pain is associated with numbness and tingling of the right lower extremity. He has developed increased weakness and foot drop with atrophy on the right side (6-12-15, 8-7-15). The straight leg raise is positive on the right side. Sensation is diminished to L5-S1 pattern, right side. The patient has had history of back surgery in 2011. Diagnostic studies have included an EMG-NCV on 7-1-15 and an MRI of the lumbar spine. The EMG study revealed peroneal neuropathy and no lumbar radiculopathy. The MRI findings revealed spondylolisthesis grade and severe foraminal stenosis. The significantly abnormal objective findings of the patient do not correlate with the electrodiagnostic study report dated 7/1/15. Therefore, it would be medically appropriate to perform a repeat EMG/NCV. Electrodiagnostic studies would help to re-clarify the exact cause of the neurological symptoms and also would help to identify the level at which nerve root impingement may be occurring and the extent of nerve damage, if any. This information would guide further management. The request of EMG/NCV of bilateral lower extremities is medically necessary and appropriate in this patient to further evaluate the symptoms and signs suggestive of possible radiculopathy.