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| <b>Case Number:</b>   | CM15-0182888 |                              |            |
| <b>Date Assigned:</b> | 09/23/2015   | <b>Date of Injury:</b>       | 01/25/2015 |
| <b>Decision Date:</b> | 11/06/2015   | <b>UR Denial Date:</b>       | 09/05/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/17/2015 |

### 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 71 year old female, who sustained an industrial injury on January 25, 2015. Medical records indicate that the injured worker is undergoing treatment for aftercare of a healing traumatic fracture of the pelvis, cervical spine sprain, right lower extremity pain with possible radiculopathy and dysfunctional activities of daily living. The injured worker was noted to be temporarily totally disabled. On 8-11-15, the injured worker complained of constant sharp right buttock pain with radiation to the right lower extremity to the top of the foot, with numbness of all the toes. The injured worker also noted a speech impediment with tremors since the injury, difficulty sleeping, anxiety and depression. Examination of the back and lower extremities revealed right hip tenderness and a positive trigger point with a twitch response in the right gluteal area. A trigger point injection was recommended. Motor strength and sensation were normal. The injured worker was noted to be in a wheelchair and ambulated with an extremely antalgic unstable gait. Treatment and evaluation to date has included medications, computed tomography scan of the abdomen and pelvis (6-28-15), lumbar spine x-rays (3-27-15), MRI of the cervical and lumbar spine (4-7-15), epidural steroid injections, physical therapy (3) and a home exercise program. The most recent MRI revealed lumbar four-five Grade 1 anterolisthesis with disc bulging and bilateral facet hypertrophy, resulting in severe stenosis of the left neural foramen with nerve impingement. Current medications include Morphine Sulfate, Methadone, Prednisone, Tylenol, Amlodipine, Dulcolax, Melatonin and Simvastatin. Medications and treatments that were tried and failed include epidural steroid injections, Gabapentin, Cymbalta and Norco. The request for authorization dated 8-24-15 includes a request

for an electromyography-nerve conduction velocity study of the right lower extremity. The Utilization Review documentation dated 9-5-15 non-certified the request for an electromyography-nerve conduction velocity study of the right lower extremity.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **EMG/NCS of the Right Lower Extremity: Overturned**

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

Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter under Nerve conduction studies (NCS).

**Decision rationale:** The current request is for EMG/NCS of the right lower extremity. Treatment and evaluation to date has included medications, computed tomography scan of the abdomen and pelvis (6-28-15), lumbar spine x-rays (3-27-15), MRI of the cervical and lumbar spine (4-7-15), epidural steroid injections, physical therapy and a home exercise program. The patient is currently off work. ACOEM, chapter 12, page 303, Low Back Complaints states that EMG is supported by ACOEM for low back pain. NCV is not supported unless the patient has peripheral symptoms with suspicion for peripheral neuropathy. ODG Guidelines, Low Back - Lumbar & Thoracic chapter, under EMGs (electromyography) states the following: 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, low back chapter under 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 report 08/11/15, the patient presents with right buttock and right lower extremity pain down to the lateral leg and top of the foot. There is associated numbness of all toes. Examination revealed antalgic gait, instability, positive straight leg raise, and trigger point with twitch response of the right gluteal area. MRI of the lumbar spine from 04/08/15 revealed at L4-5 and L5-S1 Grade 1 anterolisthesis with disc bulging and bilateral facet hypertrophy, resulting in severe stenosis of the neural foramen with nerve impingement. The treater would like an EMG/NCS of the right lower extremity due to the patient's continued radiating pain. Provided medical records do not indicate that the patient had an EMG/NCV of the right lower extremity in the past. In this case, an EMG/NCV at this juncture may help with accurate diagnoses. Therefore, the request is medically necessary.