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| <b>Case Number:</b>   | CM15-0183545 |                              |            |
| <b>Date Assigned:</b> | 09/30/2015   | <b>Date of Injury:</b>       | 02/15/2015 |
| <b>Decision Date:</b> | 11/12/2015   | <b>UR Denial Date:</b>       | 09/11/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/18/2015 |

### 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 38 year old male sustained an industrial injury on 2-15-15. Documentation indicated that the injured worker was receiving treatment for lumbar strain. Previous treatment included physical therapy and medications. In an initial evaluation dated 4-9-15, the injured worker complained of low back pain with radiation to the right knee intermittently. Physical exam was remarkable for lumbar spine with tenderness to palpation in the right paraspinal region over the lumbosacral junction, negative straight leg raise, range of motion: flexion 50 degrees, extension, and bilateral lateral bending 20 degrees, 5 out of 5 lower extremity strength and intact sensation. In a PR-2 dated 8-26-15, the injured worker complained of unchanged lumbar spine pain, rated 4 to 6 out of 10 with radiation to the right leg. Physical exam was remarkable for lumbar spine with tenderness to palpation over the lumbar paraspinal, range of motion: forward flexion and extension 20 degrees, bilateral lateral flexion 25 degrees and bilateral lateral rotation 45 degrees, positive right straight leg raise, diminished sensation in the L5 distribution and 5 out of 5 lower extremity strength. The injured worker walked with a normal gait. Heel and toe ambulation caused no increase in back pain. The physician stated that the injured worker had increased radicular symptoms with no bowel or bladder symptoms. The physician recommended electromyography and nerve conduction velocity test of bilateral lower extremities to rule out lumbar radiculopathy, scheduling chiropractic therapy and awaiting approval for lumbar epidural steroid injections. On 9-11-15, Utilization Review non-certified a request for electromyography and nerve conduction velocity test of bilateral lower extremities.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyograph (EMG) and nerve conduction velocity (NCV) of the bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

**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 presents on 08/26/15 with lumbar spine pain rated 6/10 which radiates into the right lower extremity. The patient's date of injury is 02/15/15. The request is for Electromyograph (EMG) and nerve conduction velocity (NCV) of the bilateral lower extremities. The RFA is dated 08/26/15. Physical examination dated 08/26/15 reveals tenderness to palpation of the lumbar paraspinal musculature, positive straight leg raise test on the right, decreased sensation in the right L5 dermatomal distribution. The patient's current medication regimen is not provided. Patient is currently working modified duties. ODG 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, 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 Electrodiagnostic studies states, NCS that are not recommended for low back conditions, and EMG is which are recommended as an option for low back. In regard to the request for EMV/NCV testing of the bilateral lower extremities, this patient does not meet guideline criteria for NCV testing. In this case, the medical records provided do not indicate that the patient has previously obtained electrodiagnostic studies of the lower extremities. The treating physician has documented that the patient has lower back pain, which radiates into the right lower extremity with examination findings consistent with neurological dysfunction/nerve root compromise. Guidelines support EMG studies for patients presenting with radiculopathy in the lower extremities. Unfortunately, guidelines only support NCV studies of the lower extremities in circumstances where the provider suspects peripheral neuropathy or a neurological condition other than spinal stenosis. Were the request solely for an EMG study, the recommendation would be for approval. However, the current request as written is not supported by guidelines and is NOT medically necessary.