

<b>Case Number:</b>	CM15-0183742		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	05/11/2015
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/20/2015
<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:

The injured worker is a 74-year-old male, who sustained an industrial injury on May 11, 2015, incurring neck and back injuries. He was diagnosed with cervical disc herniation with neuro foraminal narrowing, cervical spine strain, and cervicgia, lumbar disc herniation with neural foraminal narrowing, lumbar spine sprain, and lumbago with lumbar myospasm. Treatment included chiropractic sessions, acupuncture, physical therapy, pain medications, proton pump inhibitor, and activity restrictions and work modifications. Currently, the injured worker complained of ongoing low back and neck pain rated 5 out of 10 at rest and 9 out of 10 on a pain scale of 1 to 10, with physical activity. He complained of persistent bilateral lower extremity radiculopathy more dominant on the left side. He was diagnosed with hypo lordosis of the cervical and lumbar spine. The treatment plan that was requested for authorization on September 14, 2015, included Electromyography and Nerve Conduction Velocity studies of the bilateral lower extremities. On August 20, 2015, a request for Electromyography and Nerve Conduction Velocity studies of the bilateral lower extremities was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/ NCV bilateral lower extremities:** Upheld

**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).

**Decision rationale:** The patient presents with neck pain and low back pain radiating to the bilateral lower extremities, left greater than right. The request is for EMG/NCV BILATERAL LOWER EXTREMITIES. Examination to the lumbar spine on 09/14/15 revealed hypolordosis. Per 09/14/15 progress report, patient's diagnosis include cervical spine musculoligamentous sprain/strain, cervicgia, lumbar spine musculoligamentous sprain/strain, lumbago, lumbar myospasm, lumbar spine disc herniation, multilevel with neural foraminal narrowing, cervical spine disc herniation, multilevel with neural foraminal narrowing. Patient's work status, per 09/14/15 progress report is temporarily totally disabled for 45 days. ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) 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 - Lumbar & Thoracic (Acute & Chronic) 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 based on 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." The treater has not discussed this request; no RFA was provided either. The patient suffers from low back pain radiating into the bilateral lower extremities and is diagnosed with lumbar spine musculoligamentous sprain/strain, lumbago, lumbar myospasm, lumbar spine disc herniation, multilevel with neural foraminal narrowing. Given the patient's continuing radiating symptoms in the lower extremities, the request may be appropriate. However, ODG does not support NCV studies when the leg symptoms are presumed to be coming from the spine. The treater does not raise any concerns for other issues such as plexopathies or peripheral neuropathies. Therefore, the request IS NOT medically necessary.