

<b>Case Number:</b>	CM15-0185847		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	01/27/2015
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: 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 injured worker is a 35-year-old male who sustained an industrial injury on January 27, 2015. Diagnoses have included lumbar spine strain, lumbar radiculopathy, and lumbar disc protrusion at L2-3, L3-4, L4-5, and L5-S1 which is supported with an MRI dated 3-20-2015. An additional electrodiagnostic record is dated 8-14-2015 which includes a motor nerve study, sensory nerve study, F-wave study, H-reflex study and needle EMG. Results are stated as being a "normal study." Documented treatment includes 6 sessions of physical therapy with temporary relief reported, "several weeks" of acupuncture reported as being "extremely beneficial," and his medications have included Nabumetone, Cyclobenzaprine, Tramadol, and Orudis. The injured worker continues to report no improvement from previous examinations where he presented with low back pain radiating down both legs. On 4-16-2015 he described the pain as "dull, sharp, burning, throbbing, pins and needles, and numbness and tingling." This was noted as constant and becoming worse when bending and with prolonged standing. At that visit, he rated his pain as 6 out of 10. There was no rating provided during his more current visit of 8-12-2015. The physician has noted tenderness in the upper, mid and lower paravertebral muscles; and, range of motion with flexion at 20 degrees, extension 15 degrees, right and left lateral rotation 20 degrees, right lateral bending 15 degrees, and left lateral bending 20 degrees. Increased pain was documented with lumbar motion. No nerve irritability was noted with straight leg raising and rectus femoris stretch. "Patchy" decreased sensation of bilateral lower extremities was noted as being worse with the left side originating at the L5 distribution. The treating physician's plan of care includes electromyogram and nerve conduction velocity studies of both lower extremities

which was denied on 8-24-2015. The injured worker is noted to have been working with restrictions.

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

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

#### **Electromyogram (EMG) of the left lower extremity: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - EMGs, Nerve conduction studies.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography).

**Decision rationale:** According to the Official Disability Guidelines, EMG's are recommended as an option and 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. The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. This patient carries a diagnosis of lumbar radiculopathy. Electromyogram (EMG) of the left lower extremity is not medically necessary.

#### **Electromyogram (EMG) of the right lower extremity: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - EMGs, Nerve conduction studies.

**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), EMGs (electromyography).

**Decision rationale:** According to the Official Disability Guidelines, EMG's are recommended as an option and 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. The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. This patient carries a diagnosis of lumbar radiculopathy. Electromyogram (EMG) of the right lower extremity is not medically necessary.

#### **Nerve conduction velocity (NCV) of the left lower extremity: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - EMGs, Nerve conduction studies.

**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), Nerve conduction studies (NCS).

**Decision rationale:** According to the Official Disability Guidelines, nerve conduction 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. Neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. This patient carries a diagnosis of lumbar radiculopathy. Nerve conduction velocity (NCV) of the left lower extremity is not medically necessary.

**Nerve conduction velocity (NCV) of the right lower extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - EMGs, Nerve conduction studies.

**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), Nerve conduction studies (NCS).

**Decision rationale:** According to the Official Disability Guidelines, nerve conduction 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. Neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. This patient carries a diagnosis of lumbar radiculopathy. Nerve conduction velocity (NCV) of the right lower extremity is not medically necessary.