

<b>Case Number:</b>	CM15-0199807		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	01/26/2015
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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, Pain Management

### 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 33 year old male, who sustained an industrial injury on January 26, 2015. He reported a pop and sharp pain in the right buttock and right leg. The injured worker was currently diagnosed as having lumbago and right-sided radiculopathy. Treatment to date has included physical therapy, acupuncture, chiropractic treatment, diagnostic studies and medication. On June 17, 2015, the injured worker complained of sharp right lower back pain that goes down into the right buttock and hip. He reported pain in the right butt cheek and right groin that radiated to the tail bone. He has occasional shin pain and some limping. After 15 minutes, he has pain with walking. He reported radiating pain and numbness that was noted to be suggestive of a compressive mononeuropathy, plexopathy, lumbar radiculopathy or a sensory neuropathy that could delay functional recovery. He has undergone 12 chiropractic and 8 physical therapy sessions. Examination findings were noted to reveal segmental weakness, reflex asymmetry and-or a sensory deficit supportive of mononeuropathy, radiculopathy or sensory neuropathy. In the exam report, a retrospective authorization was requested for bilateral lower extremity EMG and NCV. Neurophysiological testing was noted to be normal on the date of exam. Future medical care included a spinal surgery consultation, CT myelogram, acupuncture and a follow-up visit. On October 5, 2015, utilization review denied a retrospective request of EMG of right lower extremity, EMG of left lower extremity, NCV of right lower extremity and NCV of left lower extremity. Notes indicate that the patient underwent electrodiagnostic studies on 4/20/2015 and 6/17/2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Retrospective EMG of right lower extremity: Upheld**

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

**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, Electrodiagnostic Studies.

**Decision rationale:** Regarding the request for Retrospective EMG of right lower extremity, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, it appears the patient has failed conservative treatment and has some questionable findings which may indicate neurologic dysfunction in the lower extremities. However, it appears the patient has recently undergone an electrodiagnostic study on April 20, 2015. It is unclear why a 2nd diagnostic study on June 17, 2015 would be required. There is no documentation of any change in symptoms or findings to support the request for a repeat examination. Additionally, it is unclear how the current treatment plan will be changed based upon the outcome of the currently requested retrospective study. In the absence of clarity regarding those issues, the currently requested Retrospective EMG of right lower extremity is not medically necessary.

### **Retrospective NCV of 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, Nerve conduction studies (NCS).

**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, Electrodiagnostic Studies.

**Decision rationale:** Regarding the request for Retrospective NCV of left lower extremity, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic

examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, it appears the patient has failed conservative treatment and has some questionable findings which may indicate neurologic dysfunction in the lower extremities. However, it appears the patient has recently undergone an electrodiagnostic study on April 20, 2015. It is unclear why a 2nd diagnostic study on June 17, 2015 would be required. There is no documentation of any change in symptoms or findings to support the request for a repeat examination. Additionally, it is unclear how the current treatment plan will be changed based upon the outcome of the currently requested retrospective study. In the absence of clarity regarding those issues, the currently requested Retrospective NCV of left lower extremity is not medically necessary.

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**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, Electrodiagnostic Studies.

**Decision rationale:** Regarding the request for Retrospective NCV of right lower extremity, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, it appears the patient has failed conservative treatment and has some questionable findings which may indicate neurologic dysfunction in the lower extremities. However, it appears the patient has recently undergone an electrodiagnostic study on April 20, 2015. It is unclear why a 2nd diagnostic study on June 17, 2015 would be required. There is no documentation of any change in symptoms or findings to support the request for a repeat examination. Additionally, it is unclear how the current treatment plan will be changed based upon the outcome of the currently requested retrospective study. In the absence of clarity regarding those issues, the currently requested Retrospective NCV of right lower extremity is not medically necessary.

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