

<b>Case Number:</b>	CM15-0026358		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	11/03/2014
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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 57-year-old female, who sustained an industrial injury on November 3, 2014. She has reported the immediate onset of low back pain. Her diagnoses include lumbosacral sprain/strain, radiculitis, and facet syndrome. She has been treated with work/ activity modifications, oral and topical pain medication and physical therapy. She has numbness and tingling in the toes, greater on the left foot. Current medication is a non-steroidal anti-inflammatory. The physical exam revealed moderately decreased range of motion on the lumbar spine with tightness and pain. There were positive Kemp's, heel stand, toe stand, Laseque, left sitting root at 70 degrees, left straight leg raise at 50 degrees, right straight leg raise at 75 degrees with lumbosacral pain, bilateral leg raise and lowering, left Braggard's, left Goldthwaite, bilateral Fabere greater on the left, iliac compression bilateral sacroiliac joint tender greater on the left, and Milgram's. There was tenderness to palpation of the thoracolumbar junction, lumbar 4, lumbar 5, bilateral sacroiliac joints bilateral lower facets of lumbar 4-5 and lumbar 5, sacral 1, greater on the left, increased muscle tone of the lumbosacral paraspinals on the left side, very tender bilateral groins -greater on the left, and bottom of the left foot and tarsal head. The left Achilles deep tendon reflex is absent. There was mild weakness of the extensor hallucis longus and the left lower leg lumbar 5-sacral one dermatome had decreased sensation. The treatment plan includes requests for chiropractic/physiotherapy, an MRI of the low back, and a trial of acupuncture. On February 11, 2015, the injured worker submitted an application for IMR for review of requests for NCV (nerve conduction velocity) of the right lower extremity, NCV (nerve conduction velocity) of the left lower extremity, EMG (electromyography) of the left

lower extremity, and EMG (electromyography) of the right lower extremity. The EMG (electromyography) was non-certified based on it being unclear whether the patient has tried and failed conservative care for at least 4 weeks. The NCV (nerve conduction velocity) studies were non-certified based on the guidelines do not recommend this study when a patient is presumed to have radiculopathy. The California Medical Treatment Utilization Schedule (MTUS): ACOEM (American College of Occupational and Environmental Medicine) Guidelines and the Official Disability Guidelines (ODG) were cited.

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

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

**NCV of the left lower extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, Low Back, Nerve Conduction Studies (NCS).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official disability guidelines low back chapter, EMG studies.

**Decision rationale:** The patient presents with unrated persistent low back pain with associated numbness to the bilateral lower extremities. The pain is noted to radiate into both legs and into the toes, and is exacerbated by prolonged standing and sitting. The patient's date of injury is 11/03/14. Patient has no documented surgical history directed at this complaint. The request is for NCV OF THE LEFT LOWER EXTREMITY. The RFA was not provided. Physical examination dated 02/12/15 reveals tenderness to palpation of the thoracolumbar junction, L4-L5 paraspinal muscles, bilateral sacroiliac joints, and bilateral lumbar facet joints. Treater also notes moderate increase in muscle tone to the left sided lumbar paraspinal muscles and groin muscles on the left, with tenderness also noted on the bottom of the left foot and left tarsal head. Sensory examination reveals decreased left Achilles tendon reflex and decreased sensation along the L5-S1 dermatome of the left leg. The patient is currently only taking OTC ibuprofen for pain. Diagnostic imaging included MRI of the lumbar spine dated 02/05/15, significant findings include: "from L1-L2 through L4-L5 the disc space shows desiccation from disc degeneration... At L5-S1 there is disc desiccation with a central disc protrusion by approximately 3mm with ventral narrowing of the thecal sac, and narrowing of the lateral recess bilaterally." Patient is currently working modified duties. For EMG/NCV of the lower extremities, the ACOEM Guidelines page 303 states: Electromyography, including H-reflex test, may be useful to identify subtle, focal neurological dysfunction in patients with low back pain symptoms lasting more than 3 or 4 weeks. ODG Guidelines, under its low back chapter, has the following regarding EMG studies, EMG may be useful to obtain unequivocal evidence of radiculopathy, after 1 month of conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The ODG Guidelines for electrodiagnostic further states that: The number of tests performed should be the minimum needed to establish an accurate diagnosis. In regards to the request for an NCV of the left lower extremity, the requested diagnostic appears reasonable given the patient's back and leg symptoms. ACOEM supports EMG for evaluation of back pain. MRI

showed disc protrusion along with stenosis at multiple levels and radiculopathy is not clearly diagnosed as of yet. The request IS medically necessary.

**EMG of the left lower extremity:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official disability guidelines low back chapter, EMG studies.

**Decision rationale:** The patient presents with unrated persistent low back pain with associated numbness to the bilateral lower extremities. The pain is noted to radiate into both legs and into the toes, and is exacerbated by prolonged standing and sitting. The patient's date of injury is 11/03/14. Patient has no documented surgical history directed at this complaint. The request is for **EMG OF THE LEFT LOWER EXTREMITY**. The RFA was not provided. Physical examination dated 02/12/15 reveals tenderness to palpation of the thoracolumbar junction, L4-L5 paraspinal muscles, bilateral sacroiliac joints, and bilateral lumbar facet joints. Treater also notes moderate increase in muscle tone to the left sided lumbar paraspinal muscles and groin muscles on the left, with tenderness also noted on the bottom of the left foot and left tarsal head. Sensory examination reveals decreased left Achilles tendon reflex and decreased sensation along the L5-S1 dermatome of the left leg. The patient is currently only taking OTC ibuprofen for pain. Diagnostic imaging included MRI of the lumbar spine dated 02/05/15, significant findings include: "from L1-L2 through L4-L5 the disc space shows desiccation from disc degeneration. At L5-S1 there is disc desiccation with a central disc protrusion by approximately 3mm with ventral narrowing of the the cal sac, and narrowing of the lateral recess bilaterally." Patient is currently working modified duties. For EMG/NCV of the lower extremities, the ACOEM Guidelines page 303 states: Electromyography, including H-reflex test, may be useful to identify subtle, focal neurological dysfunction in patients with low back pain symptoms lasting more than 3 or 4 weeks. ODG Guidelines, under its low back chapter, has the following regarding EMG studies, EMG may be useful to obtain unequivocal evidence of radiculopathy, after 1 month of conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The ODG Guidelines for electrodiagnostic further states that: The number of tests performed should be the minimum needed to establish an accurate diagnosis. In regards to the request for an EMG of the left lower extremity, the requested diagnostic appears reasonable given the patient's back and leg symptoms. ACOEM supports EMG for evaluation of back pain. MRI showed disc protrusion along with stenosis at multiple levels and radiculopathy is not clearly diagnosed as of yet. The request IS medically necessary.

**EMG of the right lower extremity:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official disability guidelines low back chapter, EMG studies.

**Decision rationale:** The patient presents with unrated persistent low back pain with associated numbness to the bilateral lower extremities. The pain is noted to radiate into both legs and into the toes, and is exacerbated by prolonged standing and sitting. The patient's date of injury is 11/03/14. Patient has no documented surgical history directed at this complaint. The request is for EMG OF THE RIGHT LOWER EXTREMITY. The RFA was not provided. Physical examination dated 02/12/15 reveals tenderness to palpation of the thoracolumbar junction, L4-L5 paraspinal muscles, bilateral sacroiliac joints, and bilateral lumbar facet joints. Treater also notes moderate increase in muscle tone to the left sided lumbar paraspinal muscles and groin muscles on the left, with tenderness also noted on the bottom of the left foot and left tarsal head. Sensory examination reveals decreased left Achilles tendon reflex and decreased sensation along the L5-S1 dermatome of the left leg. The patient is currently only taking OTC ibuprofen for pain. Diagnostic imaging included MRI of the lumbar spine dated 02/05/15, significant findings include: "from L1-L2 through L4-L5 the disc space shows desiccation from disc degeneration... At L5-S1 there is disc desiccation with a central disc protrusion by approximately 3mm with ventral narrowing of the thecal sac, and narrowing of the lateral recess bilaterally." Patient is currently working modified duties. For EMG/NCV of the lower extremities, the ACOEM Guidelines page 303 states: Electromyography, including H-reflex test, may be useful to identify subtle, focal neurological dysfunction in patients with low back pain symptoms lasting more than 3 or 4 weeks. ODG Guidelines, under its low back chapter, has the following regarding EMG studies, EMG may be useful to obtain unequivocal evidence of radiculopathy, after 1 month of conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The ODG Guidelines for electrodiagnostic further states that: The number of tests performed should be the minimum needed to establish an accurate diagnosis. In regards to the request for an EMG of the right lower extremity, the requested diagnostic appears reasonable given the patient's back and leg symptoms. ACOEM supports EMG for evaluation of back pain. MRI showed disc protrusion along with stenosis at multiple levels and radiculopathy is not clearly diagnosed as of yet. The request IS medically necessary.

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