

<b>Case Number:</b>	CM15-0030693		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	06/03/2013
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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 59 year old male, who sustained an industrial injury on 06/03/2013. He has reported subsequent neck and back pain and was diagnosed with cervical and lumbar sprain/strain and cervical and lumbar stenosis. Treatment to date has included oral pain medication and physical therapy. In a QME report dated 12/10/2014, the injured worker complained of constant neck and back pain with tingling to the bilateral upper extremities and hip pain with tingling to the bilateral lower extremities. The physician noted that the injured worker described numbness in the fingers and toes but that no true numbness or weakness of the upper and lower extremities was found and that electromyography nerve conduction studies should be ordered. A request for authorization of electromyography and nerve conduction studies of the bilateral lower extremities was made. On 02/03/2015, Utilization Review non-certified requests for electromyography and nerve conduction studies of the upper and lower extremities, noting that there was a lack of motor and sensory changes of the lower extremities to support the studies. MTUS and ACOEM guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG left lower extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 61.

**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:** This patient presents with chronic low back and neck pain. The current request is for EMG LEFT LOWER EXTREMITY. For EMG of the lower extremities, the ACOEM Guidelines page 303 states, Electromyography (EMG), 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 (electromyography) 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 patient reports tingling that extends down the legs to the bottom his feet into his toes. He also states that he has an electrical shock sensation in the lower extremities, which is quite intense. MRI of the lumbar spine from 8/15/13 revealed L3-4 minimal disc bulge, L4-5 tinged endplate spurs and L5-S1 demonstrated disc desiccation with reactive endplate changes. There is moderate to severe right foraminal narrowing and moderate left neural foraminal narrowing. In this case, it appears that there has been no prior EMG testing and given the patient's continued complaints of pain further diagnostic testing may be useful to obtain unequivocal evidence of radiculopathy. This request IS medically necessary.

**EMG right lower extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 61.

**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:** This patient presents with chronic low back and neck pain. The current request is for EMG RIGHT LOWER EXTREMITY. For EMG of the lower extremities, the ACOEM Guidelines page 303 states, Electromyography (EMG), 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 (electromyography) 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 patient reports tingling that extends down the legs to the bottom his feet into his toes. He also states that he has an electrical shock sensation in the lower extremities, which is quite intense. MRI of the lumbar spine from 8/15/13 revealed L3-4 minimal disc bulge, L4-5 tinged endplate spurs and L5-S1 demonstrated disc desiccation with reactive endplate changes. There is moderate to severe right foraminal narrowing and moderate left neural foraminal narrowing. In this case, it appears that there has been no prior EMG testing

and given the patient's continued complaints of pain further diagnostic testing may be useful to obtain unequivocal evidence of radiculopathy. This request IS medically necessary.

**Nerve conduction left lower extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 61.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back chapter: Nerve conduction studies (NCS) Low back chapter, EMG studies.

**Decision rationale:** This patient presents with chronic low back and neck pain. The current request is for NERVE CONDUCTION LEFT LOWER EXTREMITY. ACOEM is silent on NCV testing of the lower extremities. ODG (Online Low Back chapter: Nerve conduction studies (NCS) ODG 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 (EDS) states, NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back." The patient has not had an EMG/NCV in the past. In this case, the patient continues with lower extremities symptoms. The patient reports tingling that extends down the legs to the bottom his feet into his toes. He also states that he has an electrical shock sensation in the lower extremities, which is quite intense. MRI of the lumbar spine from 8/15/13 revealed L3-4 minimal disc bulge, L4-5 tinged endplate spurs and L5-S1 demonstrated disc desiccation with reactive endplate changes. There is moderate to severe right foraminal narrowing and moderate left neural foraminal narrowing. In this case, it appears that there has been no prior NCV testing and given the patient's continued complaints of pain further diagnostic testing may be useful to obtain unequivocal evidence of radiculopathy. This request IS medically necessary.

**Nerve conduction right lower extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 61.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back chapter: Nerve conduction studies (NCS) Low back chapter, EMG studies.

**Decision rationale:** This patient presents with chronic low back and neck pain. The current request is for NERVE CONDUCTION RIGHT LOWER EXTREMITY. ACOEM is silent on NCV testing of the lower extremities. ODG (Online Low Back chapter: Nerve conduction studies (NCS) ODG 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 (EDS) states, NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back." The patient reports tingling that extends down the legs to the bottom his feet into his toes.

He also states that he has an electrical shock sensation in the lower extremities, which is quite intense. MRI of the lumbar spine from 8/15/13 revealed L3-4 minimal disc bulge, L4-5 tinged endplate spurs and L5-S1 demonstrated disc desiccation with reactive endplate changes. There is moderate to severe right foraminal narrowing and moderate left neural foraminal narrowing. In this case, it appears that there has been no prior NCV testing and given the patient's continued complaints of pain further diagnostic testing may be useful to obtain unequivocal evidence of radiculopathy. This request IS medically necessary.