

<b>Case Number:</b>	CM15-0032656		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	05/14/2008
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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 male, who sustained an industrial injury on 05/14/2008. On provider visit dated 11/05/2014 the injured worker has reported low back pain and left lower extremity radiculopathy. On examination, he was noted to have a decreased range of motion of spine. The diagnoses have included L4-L5 laminectomy and discectomy. Treatment to date has included MRI's and physical therapy. Treatment plan included electromyogram and nerve conduction velocity to determine degree of nerve root impingement versus neuropathy and laboratory studies. On 02/06/2015 Utilization Review non-certified EMG/NCV of the Lower Right Extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV of the Lower Right Extremity:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Low Back -

Lumbar & Thoracic (Acute & Chronic)' and topic 'EMGs (electromyography) chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Nerve conduction studies (NCS).

**Decision rationale:** The 40-year-old patient complains of pain in the lumbar spine, right hip, and right leg, and occasionally in the left leg, rated at 6/10, as per progress report dated 12/08/14. The request is for EMG/NCV OF THE LOWER RIGHT EXTREMITY. The RFA for the case is dated 12/08/14, and the patient's date of injury is 05/14/08. The patient has been diagnosed with lumbar post-laminectomy syndrome, chronic pain post surgery, and left leg radiculopathy. The patient is off work, as per progress report dated 12/08/14. ODG Guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'EMGs (electromyography)', state that EMG studies are "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, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic '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 on the basis of 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." In this case, the available progress reports do not document prior EMG/NCV of the lower extremities. In progress report dated 12/08/14, the treater states that the patient's low back pain radiates to bilateral legs and is therefore requesting an EMG/NCV of bilateral lower extremities. The UR, however, authorized the test for the left lower extremity but denied it for the right side. MRI of the lumbar spine reveals right greater than left paracentral disc and osteophyte complex and moderate stenosis of the bilateral neural foramina at L4-5. In progress report dated 11/05/14, the treater states that electrodiagnostic studies will help "determine degree of nerve root impingement versus neuropathy." The request is reasonable and IS medically necessary.