

<b>Case Number:</b>	CM14-0129370		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	01/17/2014
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 51 year old male who sustained a cumulative trauma on 01/17/2014. The mechanism of injury is unknown. Prior treatment history has included 4 extracorporeal shockwave treatments. Progress report dated 01/10/2014 states the patient presented complaints of sharp stabbing pain at the groin; burning, radicular low back pain and muscle spasms. She also reported bilateral burning of the knees with pain and muscles spasm. On exam, she has an antalgic gait. There was tenderness to palpation over the medial and lateral joint line and to the patellofemoral joint. The patient is diagnosed with low back pain, knee pain, sprain of the ligaments of the lumbar spine; and radiculopathy. He was recommended for an EMG/NCV of the bilateral lower extremities. Prior utilization review dated 07/24/2014 states the request for EMG Left lower extremity; EMG right lower extremity; NCV Left lower extremity; and NCV right Left lower extremity is denied as it is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG Left lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back, Electromyography

**Decision rationale:** According to MTUS guidelines, EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back pain. According to ODG guidelines, EMG is "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." In this case left lower extremity EMG is requested for a 50-year-old female injured on 10/21/13 with chronic low back pain. There are reports of radiating pain to the lower extremities though specific details are not provided. Examination shows decreased sensation in the bilateral L4, L5 and S1 dermatomes with bilateral positive straight leg raise. However, these findings do not clearly suggest focal neurologic dysfunction. Further, an MRI was apparently performed on 5/27/14 though the report is not provided. Medical necessity is not established at this time.

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**NCV Left lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back, Nerve conduction studies

**Decision rationale:** According to ODG 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.... This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy.... In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS." In this case left lower extremity NCV is requested for a 50-year-old female injured on 10/21/13 with chronic low back pain. There are reports of radiating pain to the lower extremities though specific details are not provided. Examination shows decreased sensation in the bilateral L4, L5 and S1 dermatomes with bilateral positive straight leg raise. However, these findings do not clearly suggest focal neurologic dysfunction, and nerve conduction studies are not recommended by guidelines. Further, an MRI was apparently performed on 5/27/14 though the report is not provided. Medical necessity is not established.

**NCV right Left lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back, Nerve conduction studies

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