

<b>Case Number:</b>	CM14-0140001		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	05/25/2011
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 Physical Medicine and Rehabilitation 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:

According to the records made available for review, this is a 65-year-old male with a 5/25/11 date of injury. At the time (7/8/14) of request for authorization for EMG Left Lower Extremity, NCV Left Lower Extremity, EMG Right Lower Extremity, and NCV Right Lower Extremity, there is documentation of subjective (low back pain radiating to the hips and buttocks) and objective (tenderness to palpitation over the paralumbar muscles bilaterally with muscle spasms; tenderness to palpitation over the spinal process from L1-L5; sacroiliac joints, sciatic notch, and gluteal muscles on the right, positive straight leg raise test and Kemp's test, positive Heel walking test bilaterally; and 4/5 muscle strength in the right lower extremity) findings, current diagnosis (lumbosacral musculoligamentous sprain/strain with radiculitis), and treatment to date (medications (including ongoing treatment with Vicodin)). Regarding left extremity EMG/NCV, there is no documentation of a subjective finding that supports evidence of radiculopathy after 1-month of conservative therapy.

### 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. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back EMGs (electromyography)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Electrodiagnostic studies

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, ODG does not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the medical information available for review, there is documentation of a diagnosis of lumbosacral musculoligamentous sprain/strain with radiculitis. In addition, there is documentation of ongoing conservative treatment. However, despite documentation of subjective (low back pain radiating to the hips and buttocks) findings and a diagnosis of lumbosacral musculoligamentous sprain/strain with radiculitis, there is no documentation of objective findings consistent with radiculopathy over the left lower extremity. Therefore, based on guidelines and a review of the evidence, the request for EMG Left Lower Extremity is not medically necessary.

**NCV 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: Nerve Conduction Study (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 (ODG) Low Back, Electrodiagnostic studies

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, ODG does not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the medical information available for review, there is documentation of a diagnosis of lumbosacral musculoligamentous sprain/strain with radiculitis. In addition, there is documentation of ongoing conservative treatment. However, despite documentation of subjective (low back pain radiating to the hips and buttocks) findings and a diagnosis of lumbosacral musculoligamentous sprain/strain with radiculitis, there is no documentation of objective findings consistent radiculopathy over the left lower extremity. In addition, there is no documentation of a rationale for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Therefore, based on guidelines and a review of the evidence, the request for NCV Left Lower Extremity is not medically necessary.

**NCV Right 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: Nerve Conduction Study (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 (ODG) Low Back, Electrodiagnostic studies

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, ODG does not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the medical information available for review, there is documentation of a diagnosis of lumbosacral musculoligamentous sprain/strain with radiculitis. In addition, there is documentation of ongoing conservative treatment. In addition, given documentation of subjective (low back pain radiating to the hips and buttocks) and objective (4/5 muscle strength in the right lower extremity) findings, and a diagnosis of lumbosacral musculoligamentous sprain/strain with radiculitis, there is documentation of evidence of radiculopathy after 1-month of conservative therapy. However, there is no documentation of a rationale for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Therefore, based on guidelines and a review of the evidence, the request for NCV Right Lower Extremity is not medically necessary.