

<b>Case Number:</b>	CM14-0141215		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	02/20/2014
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine Pain Management 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 34-year-old male with a date of injury of 02/20/2014. The listed diagnoses per [REDACTED] are: Lumbar spine sprain/strain with right strain and Right lower extremity radiculopathy. [REDACTED] progress reports are handwritten and partially illegible. According to progress report 08/13/2014, the patient presents with low back pain which radiates down to the right lower extremity. The patient reported numbness and weakness in the right foot. Examination revealed positive for joint pain, muscle spasm, sore muscles, and numbness. The lumbar spine had tenderness on palpation and positive straight leg raise test. The patient is to return to modified work on 08/13/2014. The provider is requesting an EMG and NCV of the right lower extremity. Utilization review denied the request on 08/22/2014. Treatment reports from 05/06/2014 through 08/13/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV (nerve conduction test) 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 ODG Low Back

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter has the following regarding NCV studies

**Decision rationale:** This patient presents with low back pain which radiates into the right lower extremity with numbness and weakness in the right foot. The provider is requesting a nerve conduction test for the right lower extremity. The MTUS and ACOEM do not discuss NCS. However, ODG guidelines under its low back chapter have the following regarding NCV studies: "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. Review of the medical file does not indicate that the patient has had an EMG or NCV in the past. In regard to NCV studies, ODG guidelines states, Nerve conduction studies (NCS) are not recommended for low back conditions. This presents with low back pain and the provider does not raise any suspicion for peripheral neuropathy, plexopathy or other neuropathies other than radicular symptoms to consider NCV studies. Therefore, this request is not medically necessary.

**EMG (electromyography) right lower extremity:** Overturned

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

**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 chapter, Electrodiagnostic Studies

**Decision rationale:** This patient presents with low back pain that radiates into the right lower extremity with numbness and weakness in the right foot. The provider Electromyography (EMG), including H-reflex test, may be useful to identify subtle, focal neurologic 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, "EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy after 1 month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious." Review of the medical file does not indicate that the patient has had an EMG or NCV in the past. MRI of the lumbar spine from 05/27/2014 revealed right paracentral annular fissure and 4-mm disk protrusion at L4-L5, extending slightly caudally and displacing the descending right L5 nerve root with possible impingement. In this case, the patient has not had an EMG in the past and it appears the provider is requesting one to confirm radiculopathy. Given such, this request is medically necessary.