

<b>Case Number:</b>	CM14-0145808		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	08/06/2013
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Texas and Ohio. 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 injured worker is a 46 year old male who reported injury on 08/06/2013. The mechanism of injury was pulling. Diagnoses included lumbar sprain/strain, and unspecified radiculitis. The past treatments included chiropractic treatment, physiotherapy, an epidural steroid injection at L4-5, and medication. An unspecified MRI was noted to show right L2-3 disc herniation, and left L4-5 disc herniation. The progress note, dated 08/21/2014, noted the injured worker complained of pain to his lumbar spine. The physical exam was not provided. Medications included Flexeril and Norco. The treatment plan requested an EMG of the bilateral lower extremities, and placed the injured worker on temporary total disability. The Request for Authorization form was submitted for review on 08/22/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/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 Page(s): 303-305 & 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Nerve conduction studies (NCS).

**Decision rationale:** The request for EMG/NCV of the left lower extremity is not medically necessary. The injured worker had pain to his lumbar spine. The California MTUS/ACOEM guidelines state, electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The guidelines note EMG for clinically obvious radiculopathy and surface EMG and F-wave tests are not recommended. The Official Disability Guidelines note, the use of NCV in the lower extremities is not recommended, as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The injured worker had no evidence of neurological deficit to the left lower extremity related to the lumbar spine. There were no subjective or objective concerns related to the left lower extremity. The physical exam was not provided. There was no indication of nerve entrapment. There is a lack of documentation of failure to respond to previous treatments, as there were no measurements of pain, sensation, or function. The physician did not provide the report from the prior lumbar spine MRI. There is no indication that the electrodiagnostic studies are being performed to assess for peripheral neuropathies, which would indicate the need for NCV. The use of an EMG/NCV of the left lower extremity is not supported at this time. Therefore, the request is not medically necessary.

**EMG/NCV right 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 Page(s): 303-305 & 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Nerve conduction studies (NCS).

**Decision rationale:** The request for EMG/NCV of the right lower extremity is not medically necessary. The injured worker had pain to his lumbar spine. The California MTUS/ACOEM guidelines state, electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The guidelines note EMG for clinically obvious radiculopathy and surface EMG and F-wave tests are not recommended. The Official Disability Guidelines note, the use of NCV in the lower extremities is not recommended, as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The injured worker had no evidence of neurological deficit to to the left lower extremity related to the lumbar spine. There were no subjective or objective concerns related to the right lower extremity. The physical exam was not provided. There was no indication of nerve entrapment. There is a lack of documentation of failure to respond to previous treatments, as there were no measurements of pain, sensation, or function. The physician did not provide the report from the prior lumbar spine MRI. There is no indication that the electrodiagnostic studies are being performed to assess for peripheral neuropathies, which would indicate the need for NCV. The use of an EMG/NCV of the right lower extremity is not supported at this time. Therefore, the request is not medically necessary.

