

<b>Case Number:</b>	CM14-0149566		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	04/28/2000
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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:

The injured worker is a 59-year-old female with a reported injury on 04/28/2000. The mechanism of injury was a fall. The injured worker's diagnoses included failed back surgery syndrome, right lumbar radiculitis and sciatica, lumbar spondylosis, lumbar spinal canal stenosis, and chronic myofascial pain syndrome. The injured worker's past treatments included medications, a home exercise program, physical therapy, acupuncture, lumbar epidural steroid injections, TENS unit, chiropractic care, and the use of a walker. The injured worker's diagnostic testing has included multiple back x-rays and MRIs. The injured worker had an EMG/NCV of the lower extremities on 08/15/2000, which was consistent with left S1 radiculopathy based on active denervation seen in L5-S1 muscles along with an abnormal paraspinal muscle; L4-5 and primarily L5 muscles were normal. Another EMG/NCV was performed on 03/08/2002, which revealed evidence of reinnervation of the left anterior tibialis, which is a normal postoperative finding. Clinical exam showed decreased sensation distally, as well as absent ankle reflexes, which were a manifestation of the diabetic peripheral neuropathy, and was also apparent at prior electrodiagnostic testing. There was no indication of any acute or ongoing nerve root compression. An EMG/NCV of the left lower extremity was performed on 03/26/2014, which revealed an abnormal study. There were electrophysiologic abnormalities consistent with an acute left S1 radiculopathy with active denervation. There was no significant sign of diabetic polyneuropathy. NCVs over the tibial and peroneal nerves were normal. Another EMG/NCV of the lower extremities was done on 04/07/2007. On 07/13/2010 an EMG/NCV of the lower extremities was performed, which revealed an abnormal study. There was electrophysiologic evidence for bilateral S1 radiculopathy. There was no evidence for myopathy, plexopathy or peripheral neuropathy. Bilateral lateral tibial nerve, H reflexes and nerve conduction delay were noted; this suggested bilateral S1 radiculopathy. An MRI of the

lumbar spine dated 09/09/2009 revealed moderate to severe spinal stenosis at L3-4, secondary mostly to ligamentous and facet hypertrophy and broad based disc bulge. The thecal sac was approximately 6 mm, which was similar to the prior study. The injured worker was status post laminectomies of L4 and L5. There was no evidence of spinal stenosis at these levels. The injured worker's surgical history included right knee surgery in 1993, decompression lumbar discectomy in 1984, left L5-S1 hemilaminectomy with discectomy and foraminectomy on 03/09/2001, spinal fusion at L4-5 and L5-S1 in 08/2003 and removal of hardware from L4-5 in 2007. The injured worker was evaluated on 08/04/2014 for constant low back pain shooting down her right leg more than the left with tingling, numbness and paresthesia. She described her pain as sharp, dull, stabbing, shooting, burning and aching in character. She scored her pain 6/10 to 8/10 in intensity. Prolonged standing, bending and lifting heavy objects made her pain worse. She complains of depression and frustration because of her pain. Physical examination revealed increased lordosis with a well healed surgical scar in the lumbar spine area. Mild atrophy of paraspinal muscles was present in the lumbar spine area. Range of motion of the lumbar spine was restricted. Hyperextension maneuver of the lumbar spine was positive. Right sided straight leg raise was 40 degrees to 50 degrees, left sided straight leg raise was 50 degrees to 60 degrees. There was diminished sensation to light touch along the medial and lateral border of the right leg, calf, and foot. Manual motor strength is 4+/5 except for the extensor hallucis longus and plantar flexors, which were 4-/5. Reflexes were 1+, hypoactive and symmetrical. The clinician's treatment plan was to start morphine 15 mg twice per day and TENS unit for 1 month. She may need spinal cord stimulator trial followed by permanent implantation. The clinician requested all MRIs and EMG/NCV study reports so a further treatment plan could be formulated. The injured worker's medications included gabapentin, Keppra and Percocet. A request for EMG left lower extremity, NCV left lower extremity, NCV right lower extremity and EMG right lower extremity. No rationale for the request was provided. The Request for Authorization form was not provided.

### **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 (ODG), Low Back, Electromyography (EMGs)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The request for EMG left lower extremity is not medically necessary. The injured worker continued to complain of low back pain with radiation to her bilateral lower extremities, right greater than left. The MTUS/ACOEM Guidelines state that EMG may be helpful when there are ongoing pain complaints suspected to be of neurologic origin, but without clear neurological compromise on the imaging study. EMG can then be used to attempt to rule in/out a physiological important neurological compromise. The injured worker has an extensive history of back surgeries. No recent radiological findings were available for review. Medical necessity has not been established based on the provided documentation. Therefore 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 (ODG), Low Back, Nerve Conduction Studies (NCS)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The request for NCV left lower extremity is not medically necessary. The injured worker continued to complain of low back pain with radiation. The California MTUS/ACOEM Guidelines do not recommend nerve conduction studies to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs. The injured worker has been diagnosed with radiculopathy since prior to the year 2000. Medical necessity has not been established based on the provided documentation. Therefore, 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 (ODG), Low Back, Nerve Conduction Studies (NCS)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The request for NCV right lower extremity is not medically necessary. The injured worker continued to complain of low back pain with radiation. The California MTUS/ACOEM Guidelines do not recommend nerve conduction studies to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs. The injured worker has been diagnosed with radiculopathy since prior to the year 2000. Medical necessity has not been established based on the provided documentation. Therefore, the request for NCV right lower extremity is not medically necessary.

**EMG right 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 (ODG), Low Back, Electromyography (EMGs)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The request for EMG right lower extremity is not medically necessary. The injured worker continued to complain of low back pain with radiation to her bilateral lower extremities, right greater than left. The MTUS/ACOEM Guidelines state that EMG may be helpful when there are ongoing pain complaints suspected to be of neurologic origin, but without clear neurological compromise on the imaging study. EMG can then be used to attempt to rule

in/out a physiological important neurological compromise. The injured worker has an extensive history of back surgeries. No recent radiological findings were available for review. Medical necessity has not been established based on the provided documentation. Therefore the request for EMG right lower extremity is not medically necessary.